RESEARCH REPORT

A NATIONAL SURVEY ON PREVALENCE AND SOCIAL CONSEQUENCES OF SUBSTANCE (DRUG) USE AMONG SECOND CYCLE AND OUT OF SCHOOL YOUTH IN GHANA

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AUGUST, 2003

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ACKNOWLEDGEMENTS

We gratefully acknowledge with thanks the many individuals both technical and community based who contributed in so many ways in the conduction and completion of this research in the Greater-Accra, Brong-Ahafo and Upper-East Regions of Ghana.

Special thanks are due to the following for their concern, facilitation, direction, hard work and commitment.

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3. *Respondents*

All District Directorates of Education, Headmasters/Headmistresses, Students and out of school youth in Kassena- Nankana, Bawku-West, Wenchi, Kintampo, Dangbe-East and Accra districts who gave off their time and effort to be interviewed during the data collection exercise.

4. *Funding Agency*

World Health Organisation (WHO) Ghana and Ghana Health Service for making this research possible.

5. *Administrative Support*

Staff of National Health Learning Materials Centre (Kumasi Health Education Unit), GHS, for their immense support. We are indeed grateful.

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ACRONYMS

RDHS	-	Regional Director of Health Services
SMO- PH	-	Senior Medical Officer-Public Health
WHO	-	World Health Organisation
NHLMC	-	National Health Learning Materials Centre
COH	-	Community Health
SMS-KNUST	-	School of Medical Sciences, Kwame Nkrumah University of Science and Technology
RHA	-	Regional Health Administration
HPO	-	Health Promotion Officer
UG	-	University of Ghana
OTUHC	-	Old Tafo Urban Health Centre
GHS	-	Ghana Health Service
UNESCO	-	United Nations Educational Scientific and Cultural Organisation
NGO	-	Non Governmental Organisations
SSS	-	Senior Secondary School
FGD	-	Focus group discussion
SQ	-	Structured questionnaire

EXECUTIVE SUMMARY

Drug abuse has become a global phenomenon affecting almost every country though the extent and characteristics vary depending on the country in question. The most commonly used and abused substances are cigarettes, cannabis and alcohol. Alcohol and other related problems are becoming more and more a public health concern. The misuse of alcohol represents one of the leading causes of preventable death, illness and injury. Other common substances are inhalants, heroine and cocaine. This abuse is believed to be associated with increasing amounts consumed, frequency of use and groups involved.

The substance abuse problem in Ghana is no different from other countries though there may be variations in the magnitude of the problem. It is difficult to say when it actually became a problem in Ghana but its existence according to educated guesses could be traced as far back as the 1960s' after independence. Currently, use and abuse of drugs have expanded to include the youth.

This present study sought to determine the prevalence and social consequences of substance use among the youth in the country. The investigators were interested in finding out who were involved, their socio-demographic background, when do they get involved, why they get involved, types of drugs abused, source of drugs, cost of drugs and how they fund their drug habits among others.

An evidenced - based intervention programme directed at empowering the youth to stay away from drugs cannot be effectively designed without a baseline data providing evidence on the existing problem and the extent to which the youth are falling victims to substance abuse. It is expected that the information generated will serve to inform all agencies interested in addressing substance abuse in Ghana and other African countries about the magnitude of the problem and its effects on society.

General Objective

To provide baseline information on the prevalence of substance use among the youth in Ghana as well as its social consequences to advise Public Health Organizations, NGOs, Private and Government Institutions interested in designing suitable programmes aimed at protecting youth against substance use.

Specific Objectives

1. To determine the prevalence of substance use and abuse among the youth in and out of school.
- To determine the types of drugs commonly used, the source of the drugs and mode of use.
2. To find out how much these drugs cost and how respondents are able to afford to buy them.
3. To determine the various terminologies associated with substance use and abuse.

4. To gather information from respondents on what they perceive to be the effects of substance use on the individual, and society as a whole.
5. To collect data on the socio-demographic details of respondents.
6. To determine respondents perception of how youth can be protected from substance abuse.
7. Based on findings, to provide detailed information on the magnitude of substance abuse in our second cycle schools and to give recommendations for a suitable initiative towards youth education against substance abuse.

Study Design

The study was a single cross-sectional descriptive type to cover selected schools and out of school groups within selected regions. The study type is based on the fact that respondents will be studied at a particular point in time and results analysed and presented soon after.

Study Area

According to the original proposal, the country was to be divided into two zones (northern and southern). The northern zone was to be comprised of Upper West and Upper East, Northern, Brong Ahafo, and Ashanti regions whilst the southern zone was to include Eastern, Volta, Greater Accra, Central and Western regions. However during the actual research, the country was divided into three zones. This change from the original proposal was necessitated as a means of getting a more representative sample population despite the limited financial resources. The 3 zones were composed of the following:

Southern Zone	:	Greater Accra, Western, Volta and Central regions
Middle Zone	:	Ashanti, Brong Ahafo, Eastern regions
Northern Zone	:	Northern, Upper East and Upper West regions

Selection of the study regions

Using a simple random sampling method three regions were randomly selected from the 3 zones by people (research assistants) who were randomly selected from the research team. The following regions were picked for the respective zones:

Southern zone	-	Greater Accra region
Northern zone	-	Upper East region
Middle zone	-	Brong Ahafo region

Selection of study districts

For the study, an urban district, described as one with five or more Senior Secondary Schools (SSS) and a rural district as that with 2 or less SSS.

Based on the above definition districts for the studies were selected using the West African Examination Councils List of Schools in Ghana. The names of the districts that met the criteria for each region were written on pieces of paper and were randomly picked by the same zone representatives. The procedure was carried out for both rural and urban districts for each region consecutively. The resultant selected districts were as follows:

Greater Accra Region
Urban district - Accra
Rural district - Dangbe-East

Upper East Region
Urban district - Kessena- Nankana
Rural district - Bawku West

Brong – Ahafo Region
Urban district - Wenchi
Rural district - Kintampo

Sampling

Study Population
These were as follows:

a. Youth (students in SSS 1,2&3,and out of school youth aged between 15-24 years)
b. Key informants within the selected districts such as spiritual/traditional healers, past drug users, Police Narcotic Control Personnel, rehabilitation centre in-charges, overseers of vending points and health staff.

Sample Size
Using a standard confidence interval limits with a lowest acceptable error of 0.4% and upper worst acceptable error of 1.4%, a total sample size of 2500 was arrived at for the structured questionnaire. The sample sizes for the urban versus rural and in- school versus out school were calculated using a basis that 2/3 of the sample size be represented by the in-school youth due to the fact that they are convenient to access; whilst a 1/3 ratio be used to determine the sample size for the out of school youth. (see appendix 1 for details of calculations).

Recommendations

The following recommendations based on findings are outlined to guide programmes and agencies interested in the prevention of substance use and abuse among the youth through the design of relevant interventions.

Youth Related Education

- There is high awareness among the youth of types of substances used and their general effects on the individual, family and community. However the youth find it difficult to stand up to peer pressure when it comes to acceptability. It is important that empowerment training are organised to help the youth resist peer pressure that lead to deviant behaviours.
- The average age at first use of substances ranges between 14-19 years, with extremes of 6 and 23 years. It will be beneficial that youth related programmes are targeted especially to these age groups of youth. Youth education and sensitisation could focus on ages 10-19 so that they are confident to deal with the stress associated with peer relationships. The age 18 being the age recognised internationally as that of an adult seem to propel the youth who get to that age to be defiant. They develop a sense of being old enough to do whatever they desire. This is therefore a crucial year to be addressed in all intervention programmes.
- Education must target the perceived benefits of drug abuse that are used to convince new entrants into use.
- Peer educators/counsellors must be available in each youth institution or group to act as support and positive pressure for those who desire to keep away from drugs.
- Out of school youth must not be left out at all in all intervention programmes. The belief that drug use gives extra energy to enable them to do more work needs to be addressed.
- The youth must be made aware of all the terminologies associated with drug use so that they will be well informed to keep away from being negatively influenced due to ignorance.
- Religious affiliation to Christian charismatic/pentecostal churches have been reported to play a positive role in reserving the moral lives of youth to an extent. It may be useful to encourage the youth to be part of these Organisations.

<u>Parental /Community Influence</u>

- It is a socially accepted fact that children are sent daily to run errands for their parents including that of purchasing alcohol and cigarettes. There is the need through all avenues to educate parents to the effects of these habits on their children.
- Affordability of drugs is often through the use of one's pocket money, friends and through benevolence of acquaintances. It is will be useful for parents and guardians to be aware of these practices so they will be able to keep a vigilant eye on the spending patterns of their wards and to take appropriate steps promptly.
- Parents and guardians must effectively play their roles in advising their wards and teaching them the benefits of good habits and positive relationships. Parents need to be available to effect their positive influence on their children.
- Communities must be aware of all related issues to youth involvement into drugs. This will be helpful in designing community programmes that will address those issues and to re-channel youth energies positively.
- There is a need for the establishment of self help groups or rehabilitation centres within the community so that past drug users who have as yet not developed psychiatric conditions could be re-oriented into positive activities.
- Churches within communities could be involved in youth education against drugs as well as supporting rehabilitation centres and self help groups.

Governmental/Organisational Intervention /Initiative

- All Government agencies and youth related institutions of training must have programmes directed at addressing the problem of drugs as part of its curricular or extra curricular activities. Such programmes must address all facets of youth and drugs as well as teaching them empowerment approaches that serve to keep them away from drugs.
- New entrants of youth into schools must benefit from an induction programme at the start of the academic year to expose them to drugs and how one gets involved. This will serve to empower them to keep away from senior colleagues who might want to take advantage of them.
- Youth related institutions need to design programmes for the youth both at home and at school as a way of preserving and re-channeling their energies usefully.
- Commercial advertising of alcoholic beverages and cigarettes using the youth as targets need to be critically examined. It is obvious that government generates income from these drugs. However it is possible for them to restrict the mode of advertising through the enactment and enforcement of appropriate laws.
- Authorities of schools must be very vigilant on day students as they serve as conduits for drug use and sale.
- Regular educational campaigns must be organised in schools and at home to inform and empower youth to stay away from drugs. This was recommended by over 68% of respondents.
- Law enforcement agencies be made to visit and be present at youth entertainment programmes nationally, regionally or locally in order to ensure that drugs are not sold there to woo new entrants.
- Peer educators be trained and empowered to use counselling skills in encouraging their peers to say no to drugs.
- Law enforcement on the selling of drugs as well as the arrest and prosecution of abusers.
- There was speculation among the study sample that law enforcement agencies themselves are involved in drug use and trade. There is the need for the security agencies to determine the relevance of this assertion and to take appropriate action.
- Law enforcement agencies must not relent at all in its efforts to seek, arrest and prosecute all drug offenders appropriately.
- The Government must make clear its drug control master plan and its relevance to the youth and drugs so that organisations involved in youth work will be able to follow that plan.
- Health and Security Agencies of Government must be actively involved in public education on substance use.

Further Research

This study was carried out with a large audience that made data analysis complicated and time involving. It did not give specific attention to determining the comparative differences that may exist between in school and out of school youth and which of them are more prone to abusing drugs. It did not also include inter-regional comparisons.

Further research could be carried out to address these shortcomings with a smaller sample

CHAPTER ONE: BACKGROUND INFORMATION

1.0 Introduction

Ghana is centrally located in the West African sub-region with a total land area of 238,539 square kilometres. It is generally a low-lying country. The only range of hills lies on the eastern border with the Republic of Togo and the west of the Volta River along the Akwapim-Kwahu area. Along the coast is savannah grassland that is criss-crossed by several rivers and streams that are navigable by canoe. The west and central parts of the country is a heavily forested terrain that is sub-divided by hills, rivers and streams. To the north of the country lies the undulating savannah drained by the Black and White Volta Rivers (GDHS, 1998). Ghana shares international borders with Burkina Faso to the north, Togo to the east and Ivory Coast to the West.

The climate of Ghana is tropical, but rainfall and temperatures vary by distance from the coast, and elevation. The rainy season in the northern parts of Ghana begins in March and lasts until September, while two rainy seasons are recorded in the southern half of the country – April to July, and September to October. The average annual temperature is about 26^0 Celsius (79^0 Fehrenheit).

Ghana with a population of about 18.9 million (2000 census), has a growth rate of 2.7%. It operates a parliamentary system of government based on multi-parties and has an elected President. The country has a three tier local government. There are 10 administrative regions, representing the first level of administration, and these are subdivided into districts, totaling 110. In line with the country's decentralized policy, the district represents the basic unit of planning and political administration.

Demographic Profile of Selected Districts
A brief description of selected districts which are relevant to this study has been provided below as a means to understanding the environs within which the study was conducted.

Accra Metropolis
The Accra metropolis is represented by the Accra Metropolitan Assembly. It is the largest district in the country and is also the capital of Ghana. The entire region has a population of 2,905,726. Out of this figure, the Greater Accra metropolis/district alone has a population of 1,658,937 representing 57.1% share of the total population of the region. The metropolis is pre-dominantly an urban centre with an average household size of 4.5%. (2000 census)
Being the national capital, it is cosmopolitan, with government ministries and other foreign missions. The metropolis currently has variable and important infrastructure as well as social amenities that cannot be compared with facilities in any of the other districts. Accra houses the only international airport of the country. It also boasts of several senior secondary schools, health training schools, the first major teaching hospital and a number of private hospitals and clinics. Due to its national status, there is a high influx of both young and old into its commercial areas from all over the country and internationally for business, tourism or to seek greener pastures. It therefore provides a

conducive atmosphere for the promotion of anti-social behaviours of which drug abuse is key.

Dangbe East District

The Dangbe East District has total population of 93,112 representing 3.2% of the total regional population of Greater Accra. It has 76,242 of the population being rural and just 16,870 as urban 2000 census. This makes the district more rural based. It is predominately a farming area. The main crops grown are rice, sugarcane, cassava, tomatoes, maize and vegetables. Livestock rearing is also common in the district. Salt winning now referred to as white gold is also undertaken along its major Songon lagoon.

The social amenities available within the district include government clinics, telephone facilities, and some schools including two senior secondary schools. Other amenities include a community centre where the people meet to discuss social issues.

Wenchi District

The Wenchi district is the 5th largest district in the Brong Ahafo Region, after Sunyani (regional capital), Techiman, Berekum and Kintampo. The entire region has a population of 1,815,408. The district has a population of 166,641 representing 9.2% of the regional population 2000 census. The district shares an international border to the west (towards Menji) with Cote d' Ivoire. The district has 50,152 of it population in urban areas and 116,489 in the rural area. Wenchi as the district capital is mainly a commercial town, offering wholesale and retail of mainly foodstuff. There is a tomato factory located in the district. There are few white collar related facilities available as sources of employment.

The rural areas deal mainly in farming. The crops mainly grown are yam, cocoa, maize, tomatoes and cashew. The district has social amenities such as hospitals/clinics, hotels and schools including the Wenchi Secondary School which trains the blind.

Kintampo District

The capital town of the district, Kintampo, is the centre of the country. The district has a total population of 146, 770, with 39, 545 being urban dwellers and 107, 225 rural dwellers 2000 census. Kintampo is a commercial town trading in a variety of goods, with traders coming from the southern and northern part of the country and neighbouring Burkina Faso and Niger to trade in produce like yam, corn, sorghum, cattle and fish.

The rural dwellers are mainly farmers cultivating these crops for sale in the larger towns. They also engage in charcoal burning. The district has a post secondary institution, a Rural Health Training School which trains medical assistants and other technical officers for the health sector. There are limited educational institutions in the district. The youth, which form a greater number of the population, are mainly farmers.

Kassena Nankana District

The Upper East Region is considered as one of the deprived regions of the country and has a total population of 920,089. Kassena Nanakana which is one of the 6 administrative districts has a population of 149,491 representing 16.2% of the total

regional population. The district has an urban dwelling population of 23,802 and 125,689 rural dwellers. (2000 census)

The district shares an international border with Burkina Faso to the North. The popular crocodile pond at Paga is also situated in the district. The bulk of the rural people are peasant farmers with a few commercial farmers who grow rice, tomatoes and onions on irrigated lands. Animal rearing, basket weaving and pottery are major occupations of the rural population. The district has a quantum of educational institutions including the Navrongo Health Research Centre, University of Development Studies (UDS) and some senior secondary schools.

Bawku West District

The Bawku West District is also one of the six (6) administrative districts of the Upper East region. It has a total population of 80,606 out of which 72,547 are urban dwellers and 8,059 are rural dwellers 2000 census. The district has 8.8% of the regional population. This population is primarily rural and live in dispersed settlements.

There are large numbers of communities and compounds surrounded by relatively small farmlands. Crops commonly grown includes millet, guinea corn, groundnuts, onions and watermelon. Domestic animal rearing such as sheep, goats and donkey are major pre-occupation of settlers. The donkeys are used for transportation services and other farming activities like ploughing.

Social amenities available in the district include a hospital, health centres and a number of schools including two secondary schools, postal services and telephone facilities. The weather condition is also another unique characteristic of the district. Rainfall is short and scanty with long period of dry winds known as harmattan.

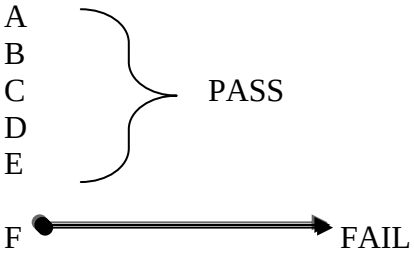
Educational System in Ghana

Normally, a child starts his/her primary education at the age of six (6). However, one may enter earlier or late depending on some circumstances pertaining in the family where the child is into which the child is born. A child spends six years in primary education being introduced to general subjects that will build a foundation based on which specialised subjects could be introduced as s/he progresses. At Junior Secondary School (J.S.S) s/he spends another three (3) years as part of the basic education. They are examined on these ten courses namely, English, Math's, General Science, Agriculture Science, Social Studies, French, Ghanaian Language, Religious and Moral Studies, Pre-Technical Skills and Pre-Vocational Skills. A pupil at J.S.S level sits for Basic Education Certificate Examination (BECE) before entering the Senior Secondary School level. This examination takes into consideration the continuous assessment which takes 30% of the total score.

Admission to Senior Secondary School (SSS) requires aggregate 6-30. However, schools may narrow the gap depending on their own admission criteria. Candidates fill West Africa Examination Council (WAEC) forms which provides five (5) different programmes offered at SSS. These are General Science, General Arts, Agricultural

Science, Technical Skills and Vocational Skills. After gaining admission to the Senior Secondary School level the student is made to pursue the course chosen at the J.S.S Level for another 3 years before sitting for the final exams called Senior Secondary Certificate Examination (SSCE). Continuous assessment also takes 30% of the final examination score.

The Senior Secondary School education however, uses a grading system as explained below:



A candidate of the SSCE therefore requires passes of the subjects offered for any programme of choice, before entering the University, Teacher Training, Nurses Training or Polytechnic etc.

1.2 Statement of the Problem

Today, drug misuse and abuse is a major problem worldwide. Its extent and characteristics however vary from region to region although trends among the youth especially have begun to converge over these recent years. The most commonly used and abused substance is cannabis and alcohol. Alcohol and other related problems are becoming more and more a public health concern. The misuse of alcohol represents one of the leading causes of preventable death, illness and injury. Other common substances are inhalants, heroine and cocaine. This abuse is believed to be associated with increasing amounts consumed, frequency of use and groups involved.

The substance abuse problem in Ghana is no different from other countries though there may be variations in the magnitude of the problem. It is difficult to say when it actually became a problem in Ghana but its existence according to educated guesses could be traced as far back as the 1960s' after independence. Currently, use and abuse of drugs have expanded to include the youth. A report in our dailies give credence to the fact that this menace is on the increase. In the March 16, 2002 edition of the MIRROR, a popular weekly daily in Ghana, it was reported that the Accra Psychiatric Hospital (one of 3 such institutions in the country) has recorded more cases of drug abuse. It stated that "*In the past year the facility has recorded as many as 590 drug related cases as against 525 cases in the previous year. The ages of the affected victims ranged from 16 to 60 years*". This gives evidence that the people mostly affected are the young and strong who can contribute effectively to the economy the country. Increasing youth involvement in

substance use and abuse is a major threat to national development, family stability and social security. The youth need to be protected.

To address these problems, various programmes in Ghana both official and unofficial have made several efforts towards curbing the menace of drug abuse (cigarette and hard drugs) of which the youth are the most gullible victims. The Ghana Education Service has for some years been conducting drug abuse education in schools on ad-hoc basis to increase awareness and to monitor its benefits through its Curriculum Research and Development Division. Out of school youth is often educated through mass media and public lectures organised by non-governmental organisations. Most of these are organised as part of national launches of Drug Awareness Campaigns.

The media have made positive attempts by contributing to public education on drug abuse, its social and political repercussions by exposing some drug traffickers dead through using their bodies as 'human cargoes' in the trade and its resultant effects. Drug awareness days have been organized yearly in the country. Individuals and groups have also taken initiatives to give ad-hoc education to members of the public and to press for legislative steps to be taken. Others have tried to draw the attention of policy makers to this subtle means of youth destruction. For instance in the February 13-19th edition of the Junior Graphic (a popular weekly youth magazine) an NGO called Ghana Coalition on the Rights of the child called on the Minister of Justice to come up with a protection code against smoking for children in the country.

A number of studies have also been carried out among in-school or out -of -school youths to gather baseline information about the extent of the problem with respect to specific drugs such as tobacco. There is however the need to have information on the other commonly abused substances as well. This is because any sustained programme that will bring interactions between the youth and their educators to allow opportunities for creating greater understanding of drug abuse and its social repercussions, obviously need a locally designed study aimed at vividly describing the extent of the problem on a broader scale looking at in school and out of school youth.

Besides, the World Health Organization (WHO) through its Regional Strategy for Mental Health, aims at prevention and control of mental health and substance abuse disorders. It has a mandate to assist countries in assessing the magnitude of the problem to fill in gaps in knowledge, as well as develop epidemiological data for developing policies and prevention programs. The Ghana Health Service has interest in taking advantage of this mandate so that the information generated through a youth focussed study could direct the design of evidenced-based prevention programs to address the problem.

1.3 Literature Review

Drugs are generally defined as substances other than food, which are taken to change the way the body or the mind functions. These drugs could come from plants growing wild in the fields or they could be manufactured in the laboratory. They could also be categorized into legal, illegal, or harmful. These drugs are considered abused when the

user deliberately uses it for non-medical purposes, as well as the arbitrary use without medical prescription.

Drug or substance abuse comes in various shades. This involves taking too much of a drug at one time or small doses at shorter intervals. Taking a drug at regular intervals but far beyond the duration given or taking it for a wrong reason is also abuse. A drug again can be abused if it is taken in combinations with other drugs knowingly or unknowingly. More often users move from one drug to another and use combinations of different substances. Some of these combinations could be so dangerous as to cause sudden death.

People abuse drugs for various reasons. These may range from curiosity, availability and previous drug use to emotional and social pressures. Drug use and abuse as a habit unfortunately could begin quite early in life as part of culture in some societies. The common drugs that are abused and which have attracted both local and international concern include tobacco, marijuana, heroin, cocaine, valium and ecstasy.

According to World Health Report (1995), levels of use of marijuana and other illicit substances among the young people in the USA since 1992 have increased for the first in over ten years. Lifetime use of any illicit drug among 18 year olds in school peaked in 1981 at 66%. It again states that drug injecting is increasingly becoming common. Often, injecting implies sharing needles with its resultant risk of HIV infection, hepatitis among other infections. A crude estimate of mortality worldwide due to drug injecting is between 160,000 and 210,000 per year.

Volatile solvents and inhalants are presently common among younger and marginalised people in developing and developed countries.

Internationally, there have been several meetings to deliberate on the menace of drug abuse. For example in 1990, Mr. Perez de Cueller, at the special session of the United Nations indicated that drug abuse is a time-bomb ticking away in the heart of civilization and there was the need to quickly find measures to deal with it before it explodes and destroys. In a similar meeting in 1998, Ghana's Mr. Kofi Annan, United Nations Secretary-General, also stated that "the proliferation of drugs over the past 30 years is an example of the previously unimaginable, becoming reality very quickly and a tragic reality that historians will record as the time when the international community has found a common ground in a mission to increase momentum towards a drug free world in the 21st century".

Ghana has over the years made positive strides in curbing the drug menace among its populace. Efforts have included the development of policies against drug trafficking through national and internal ports of entry, confiscation of property of drug traffickers, banning of cigarette advertising on television, banning of smoking in public places, institution of annual drug awareness campaigns in collaboration with international partners such as WHO and the inscription of the surgeons warning on the danger of smoking on each cigarette packet.

A number of studies have been carried out in Ghana and other parts of Africa to look at the prevalence of selected drugs such as tobacco among the youth. In a school-based study within selected junior secondary schools in Ghana (Ghana Global Youth Tobacco Survey-GYTS) by Wellington et al (2000), and supported by WHO-Ghana, results indicated that, out of a total of 1,917 respondents, 14% had ever smoked cigarette, 19% currently use a form of tobacco. It was reported that 15.1% of respondents had been offered free cigarettes by tobacco company representatives before. About 55.9% had been taught in class in the past year about dangers of smoking.

In another study by same author on tobacco involving 510 senior secondary school students in 6 schools, 65 (13%) had ever smoked cigarettes. Of these 13%, 15(23%) started at the age of 16. 26% of the total sample were aware that smoking caused harm to the lungs. This habit is as a result of peer pressure, parental smoking and advertising.

Due to paucity of information on the drug problem and limited resources, few studies if any have been able to investigate the prevalence of abuse over a wide range of commonly abused substances within the Ghanaian setting. There is a strong need for such a study to be carried out among in school and out of school youth to determine the prevalence and social consequences of substance abuse among them.

1.4 Purpose and Objectives

This present study sought to determine the prevalence and social consequences of substance use among the youth in the country. The investigators were interested in finding out who were involved, their socio-demographic background, when do they get involved, why they get involved, types of drugs abused, source of drugs, cost of drugs, how they fund their drug habits among others.

An evidenced - based intervention programme directed at empowering the youth to stay away from drugs cannot be effectively designed, without any baseline data providing evidence on the existing problem and the extent to which the youth are falling victims to substance abuse. It is expected that the information generated would serve to inform all agencies interested in addressing substance abuse in Ghana and other African countries about the magnitude of the problem and its effects on society.

General Objective

To provide baseline information on the prevalence of substance use among the youth in Ghana as well as its social consequences to advise Public Health Organizations, NGOs, Private and Government Institutions interested in designing suitable program aimed at protecting youth against substance use.

Specific Objectives

1. To determine the prevalence of substance use and abuse among the youth in and out of school.

2. To determine the types of drugs commonly used, the source of the drugs and mode of use.
3. To find out how much these drugs cost and how respondents were able to afford to buy them.
4. To determine the various terminologies associated with substance use and abuse.
5. To gather information from respondents on what they perceive to be the effects of substance use on the individual, and society as a whole.
6. To collect data on the socio-demographic details of respondents.
7. To determine respondents perception of how youth can be protected from substance abuse.
8. Based on findings, to provide detailed information on the magnitude of substance abuse in our second cycle schools and to give recommendations for a suitable initiative towards youth education against substance abuse.

1.5 Operational Definition of Terms

Prevalence : Is the number of youth presently using drugs in Ghana and the frequency of use.

Substance (Drug) : Any substance, natural or chemical other than food, which are taken to change mood, behaviour, feelings and or the psychological state of the target youth.

Drug and substance has been used synonymously in this study.

Abuse : A drug is considered abused by a youth when he or she deliberately uses it for non-medical purposes, as well as the arbitrary use without medical prescription. For the purpose of this study, they included cigarette, tobacco, alcohol, cannabis (wee), cocaine, heroin, pethidine, glue, ecstasy, valium, madrax, amphetamines and other drugs common in our locality.

Youth : Adolescents and young adults between ages 15-24 years (Pop Census –2000) who are students in the senior secondary, vocational and technical schools as well as out of school youth in rehab centres, psychiatric hospitals, spiritual/traditional centres and informal training sector.

Second Cycle School: Any intermediate school in Ghana through which a student from the Junior Secondary School must pass through to enable him get a vocation or enter a tertiary institution.

Social Consequences: Results or outcomes of drug habits or use of drugs on the user, their family, friends and community as a whole.

Descriptive Study : Involves the systematic collection and presentation of data to

give a clear picture of a particular situation.

Cross-Sectional Survey: Aims at quantifying the distribution of certain variables in a study population at a point in time.

Sampling **:** Involves the selection of a number of study units from a defined study population.

Convenience Sampling: Method in which for convenience sake the study units that happen to be available at the time of data collection are selected in the sample.

Stratified Sampling : Method to guarantee that the sample includes representative groups of study units with specific characteristics e.g. Residents from urban and rural areas.

Urban District **:** For the purpose of this study, an urban area will be used to describe a district with schools greater or equal to 5 Senior Secondary Schools.

Rural District: Implies a district with schools less or equal to 2 Senior Secondary Schools.

CHAPTER TWO METHODS

2.0 Study Design

The study was a single cross-sectional descriptive type to cover selected schools and out of school groups within the selected regions. The study type is based on the fact that respondents will be studied at a particular point in time and results analysed and presented soon after.

Study Area

According to the original proposal, the country was to be divided into two zones (northern and southern). The northern zone was to be comprised of Upper West and Upper East, Northern, Brong Ahafo, and Ashanti regions whilst the southern zone was to include Eastern, Volta, Greater Accra, Central and Western regions. However during the actual research, the country was divided into three zones. This change from the original proposal was necessitated as a means of getting a more representative sample population despite the limited financial resources. The 3 zones were composed of the following:

Southern Zone	:	Greater Accra, Western, Volta and Central regions
Middle Zone	:	Ashanti, Brong Ahafo, Eastern regions
Northern Zone	:	Northern, Upper East and Upper West regions

Selection of the study regions

Using a simple random sampling method three regions were randomly selected from the 3 zones by people (research assistants) who were randomly selected from the research team. The following regions were picked for the respective zones:

Southern zone	-	Greater Accra region
Northern zone	-	Upper East region
Middle zone	-	Brong Ahafo region

Selection of study districts

For the study, an urban district, described as one with five or more Senior Secondary Schools (SSS) and a rural district as that with 2 or less SSS.

Based on the above definition districts for the study were selected using the West African Examination Councils List of Schools in Ghana. The names of the districts that met the criteria for each region were written on pieces of paper and were randomly picked by the same zone representatives. The procedure was carried out for both rural and urban districts for each region consecutively. The resultant selected districts were as follows:

Greater Accra Region

Urban district	-	Accra
Rural district	-	Dangbe-East

Upper East Region

Urban district	-	Kessena- Nankana
Rural district	-	Bawku West

Brong – Ahafo Region

Urban district	-	Wenchi
Rural district	-	Kintampo

2.1 Sampling

Study Population

These were as follows:

c. Youth (students in SSS 1,2&3,and out of school youth aged between 15-24 years)
d. Key informants within the selected districts such as spiritual/traditional healers, past drug users, Police/Narcotic Control Personnel, rehabilitation centre in-charges, overseers of vending points and health staff.

Sample Size

Using a standard confidence interval limits with a lowest acceptable error of 0.4% and upper worst acceptable error of 1.4%, a total sample size of 2500 was arrived at for the structured questionnaire. The sample sizes for the urban versus rural and in- school versus out school were calculated using a basis that 2/3 of the sample size be represented by the in-school youth due to the fact that they are convenient to access; whilst a 1/3 ratio be used to determine the sample size for the out of school youth. (see appendix 1 for details of calculations).

Sampling Strategy

Youth within 15-24 years

1.0 Population for Greater-Accra Region	-	1,458
In School Youth	-	792 being 2/3 x 1458)
Out of School	-	486 being (1/3 x 1458)

- Population for Brong Ahafo Region - 724

  In School Youth - 482 being (2/3 x 724)
  Out of School - 242 being (1/3x 724)

- Population for Upper East - 318

  In School Youth - 212 being (2/3 x 318)
  Out of School - 106 being (1/3 x 318)

Number of youth interviewed per rural and urban districts

Region	District		Sample Size
Greater-Accra Region			
In School (792)	Rural (Dangbe)	-	264
	Urban (Accra)	-	528
Out of School (486)	Rural (Dangbe East)	-	162
	Urban (Accra)	-	324
Brong Ahafo Region			
In School (482)	Rural (Kintampo)	-	161
	Urban (Wenchi)	-	321
Out of School (242)	Rural (Kintampo)	-	81
	Urban (Wenchi)	-	161
Upper – East Region			
In School (212)	Rural (Bawku West)	-	71
	Urban (Kassena Nankana)		141
Out of School (106)	Rural (Bawku -West)	-	36
	Urban (Kassena -Nankana)		70

Schools visited as part of the sample
1. Greater Accra Region

Rural (Dangbe)	*Urban (Accra)*
Ada Secondary Technical School-Sege	Labone Sec. Sch
Ada Secondary Sch.	Accra Girls Sec Sch.
	Accra Academy
	O'Reilly Sec. Sch
	Wesley Grammar Sec. Sch.

2. Brong-Ahafo Region

Rural (Kintampo)	*Urban (Wenchi)*
Kintampo Sec. Sch	Wenchi Sec. Sch
Jema Sec. Sch.	Menji Sec. Sch.
	Koase Sec. Sch
	Badu Sec. Sch

3. Upper – East Region

Rural (Bawku West)	*Urban* (Kassena Nankana)
Kusa Naaba Sec. Sch	Navrongo Sec. Sch
Zebilla Sec. Sch.	Our Ladies of Lourdies Sec. Sch
	Chiana Sec. Sch.
	Awe Sec. Sch

2.2 Data Collection Tools & Techniques

Structured Questionnaires

These were used for interviews with in-school and out-of -school youth. In the schools, students in SS1-SS3 were to be included once they fitted into the age range. Selection of students were by convenience in class. Where there was a rehabilitation center in the select study area the opportunity was also taken to interview some of the inmates to make up the sample size. Interviews were held using standardised tested structured questionnaire.

Focus Group Discussions

There was a total of 12 focused group discussions (FGD) held – 4 FGD's per region comprising 2 in -school and 2 out-of-school (rural and urban). Where there was a rehabilitation centre in a region, an FGD was held with the in-mates. Within the schools, the FGD were held within the first big school. The number of participants in each group was between 8 and 12. The age group was between 15 and 24 years**.** The sample that participated were selected by convenience. Discussions were held using a standard tested guide. In all 61 in –school and 47 out-of-school youth were involved in the discussions.

Key Informants Interview

This was held for house masters/mistress, guidance and counselling officers in schools, leaders of youth organisations, Spiritual /Traditional healers , in-charges of Psychiatric Wings of the district hospitals, Police at Narcotic Control Offices. They were identified by convenience sampling in the district selected and interviewed using an interview guide. In all there were 17 key informants.

Case Studies
Two (2) inmates of a psychiatric hospital who were past drug users were interviewed using a guide. They were selected by convenience and age eligibility.

Observation of Vending Points
This was supposed to be carried out in all the 3 regions selected. One per region with the assistance of the police. However, the practical situations made it impossible to carry it out. The main reason being the mistrust that vendors have for 'outsiders' in case they are informants for the law enforcing agencies.

Existing Data on drug abuse
Where possible, efforts were made to get some statistics on the prevalence of drug abuse from the police or psychiatric units of health facilities.

(see appendix for data collection tools)

2.3 Data Handling

a. Two field supervisors were recruited to work with investigators and research assistants. Among other things, they were responsible for ensuring that all questionnaires have been properly filled in and all days' work collected from each research assistants (RA). RAs were expected to check all questionnaires were completely filled before finishing each interview.

b. All data collected were kept by Supervisors in the field for transfer on completion of data collection to Kumasi Health Education Unit (National Health Learning Materials Centre) for analysis and report writing.

c. To ensure quality of work, investigators ensured that supervisors and RA's were thoroughly trained to execute the task ahead. They accompanied research assistants to the field from time to time to cross-check on data collected. At the data analysis stage investigators checked whether data are complete and consistent.

- Notes derived from the FGDs were compared with tape recordings and gaps found were filled in and later transcribed.
- Data Analysis: All data collected by structured questionnaires were analyzed using SPSS /EPI INFO packages whilst the FGD and key informants data were analyzed manually.

2.4 Reliability and Validity Checks

All guides and questionnaire for the study were pre-tested within communities and among respondents outside the study area. Based on feed back from these trials, the tools were modified to ensure their suitability to the study.

RAs underwent a 4 day training where they were introduced to the research protocol and the data collection tools and made to undergo interview simulations to polish up their skills. This is because it is important that they are familiar with the tools and the expected way of questionnaire administration to reduce inconsistencies and biases in the data collected.

2.5 Ethical Consideration

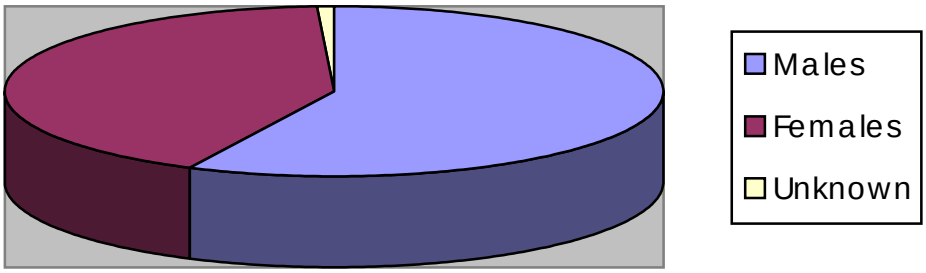
The study was a non-invasive one and was not likely to cause any physical harm. To deal with ethical issues associated with this study, verbal permission was sought from all relevant political heads and respondents associated with the study. The purpose of the study was comprehensively explained to them and they were given the opportunity to decide whether they will like to partake in the study. Data collected were also held in strict confidence.

CHAPTER THREE- FINDINGS

3.0 Characteristics of Sample

a. Sex *of Respondents- Structured Questionnaire*
In all there were two thousand five hundred respondents (in-school & out-of-school) who were interviewed using the structured questionnaire (2500). Out of this number 1434 (57.4%) were males, females constituted 1048 (41.9%) whilst 18 (0.7%) did not indicate their sex. These are shown in the chart below:

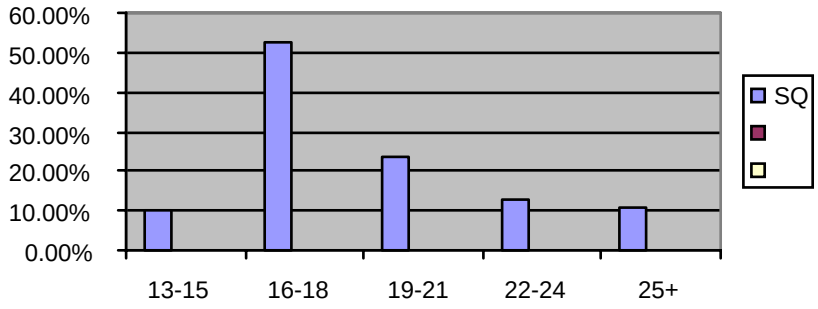
Fig 1 Sex of Respondents



b. Age- Structured Questionnaire (SQ)
The age of respondents according to the operational definition of youth ranged from 15-24 years, however there were some13 and 14 years which were accidentally interviewed. Most of the respondents 1311 (52.8%) were in the 16-18 years group followed by the 19-21 (591,23.8%) age group. The median age for the respondents was 19 years (see fig 2).

Age-FGD
A total of 49 (80%) in-school youth had ages ranging between 15-19 whilst 12(20%) fell between range 20-24. For the out of school youth, 25 (53%) were in the 15-19 age range with rest (22-47%) being in the 20-24 age range.

Fig 2. Age range - Structured Questionnaire



c. Marital Status

SQ

Most of the respondents 2108 (84.3%) who comprised mainly of in-school youth were not married (single). Of the out -of -school youth, the married ones formed 145 (5.8%), widowed 15 (0.6%), Divorce 17 (0.7%) whilst 109 (4.4%) were living together with their would be spouse but not married yet.

Within the FGD group, none of the discussants were married.

d. *Religion*

Of the SQ respondents, there were 2102 (84.1%) Christians. Moslems formed 323 (12.9%) whilst traditional worshipers were 42 (1.7%). Other religions put together constituted 1.3% (33).

The FGD respondents were mainly Christians and Moslems. Of the in -school group, 71%(43) were Christians whilst 28%(17) were Moslems. Looking at the data on the out -of -school youth also revealed a similar pattern but with a narrow margin. There were 57% (27) Christians and 43% (20) Moslems.

A similar pattern is also found amongst the key informants where a majority (12, 71%) were Christians. Moslems formed 23% (4).

e. *Person living with at home*

Most of the respondents of SQ, 1277 out of 2474 (51.1%) did live at home with both parents. Those who live with a single parent were 605 (24.2%) whilst 360 (14.4%) were living with their guardians, only 78 (3.1%) lived alone.

Among the FGD discussants, 62%(38) of in-school youth lived with both parents, 20%(12) lived with single parent and 18%(11) lived with their guardians. For the out of school youth, 51%(24) were living with both parents, 28%(13) were with single parent, 13%(6) with guardians whilst 8%(4) were living alone.

The data indicate that none of the in-school youth were living alone.

f. Educational level of FGD discussants and Key Informants

Among the in-school youth, there were 15 (25%) of them in SSI and same number in SS2. The majority were in SS3 (50%-31). However a look at the out-of-school youth indicated that a majority (64%-30) left school at JSS1 level. 19% left at SSS level, 11% at primary level whilst 6% had no schooling at all.

The educational backgrounds of the key informants have been outlined in the table below. Most of them (59%) were holding a diploma, or a degree.

Table 1: Educational level of Key Informants

Educational Level	**Frequency**	**Percent**
MSLC	1	6
O' Level	1	6
A' Level	1	6
Post Secondary(Cert. 'A', RMN and Enrolled nurse)	4	23
University (HND Dip, Degree)	10	59

g. *Occupation*

The occupations of parents/guardians for respondents were variable. Most 1132(56.4%) of the respondents for SQ, had their mothers engaged in petty trading, 135 (5.4%) were engaged in white colour jobs whilst 223 (8.9%) were farmers. On fathers' occupation, 480 (19.2%) were farmers, 345 (13.8%) were white colour job workers. Drivers formed 105 (4.2%) and petty traders 103 (4.1%). For those living with guardians, most of them being petty traders 125 (5%).

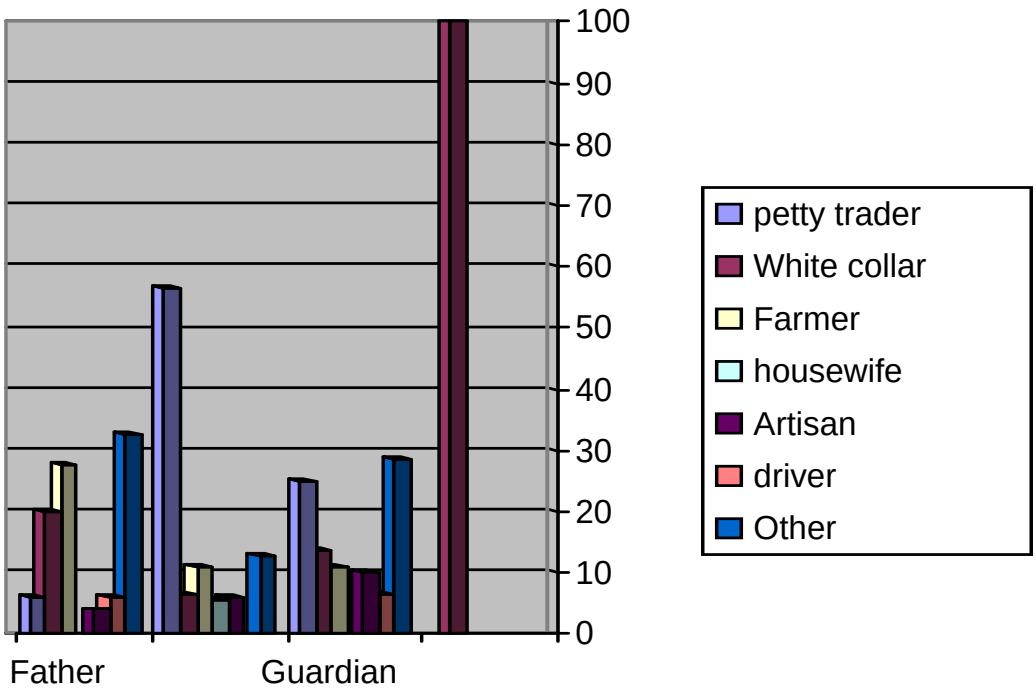
Among the key informants, majority (10 [59%] out of 17) of them were teachers within the Ghana Education Service.

The table below shows the occupations of the out- of- school discussants. Fourteen percent (30%) were unemployed.

Table 2: Occupation of out-of-school discussants

Occupation	**Frequency**	**Percent**
Artisan	15	32
Farming	4	8
Trading	6	13
Apprenticeship	8	17
Unemployed	14	30

Fig 3: Occupation of Father/Mother/Guardians/Key informants respectively



h. Number of Siblings

Majority of respondents 1525 (61.6%) for the SQ had siblings ranging from 0-4. Those with 5-9 siblings were 881 (35.6%) whilst those with siblings above 14 were 23 (0.9%).

i. In -school versus out-of-school youth

Out of the 2,500 respondents for the SQ, 1700(68%) were in school whilst out -of- school youth constituted 800 (32%). Most of the in-school respondents 1639 (99.9%) were in senior secondary school (SSS), 2(0.1%) were in vocational school and another 2(0.1%) in Technical school. These numbers are in consonance with the fact that the research sought to take two-thirds of its sample from schools and one-third from out of school youth.

It is interesting to note that a higher proportion 1162(68.4%) of the in-school respondents were day students. Those in boarding houses were just 477(28.1%). 651(38.3%) of these were in the first year, 491(29.7%) in the second year whilst 510(30.9%) were in the third year. Forty-eight (2.8%) did not state their class.

With regards to the number of years of formal education for the out of school youth, the majority 502(68.8%) had had 9 years of schooling, 124(17%) had had between 6-8 years

with 32(4.4%) having had between 0-2 years of formal education. Majority 442(58.8%) of these out-of- school respondents left schooling after JSS. 147(19.5%) stopped schooling at SSS/Voc/Tech level whilst 129(17.2%) left school at primary level. The commonest reason given by the out-of-school respondents for leaving school was poverty 363(52.9%). Loss of interest in schooling was given by 66(9.6%) whilst 36(5.2%) said they dropped out of school because of irresponsible parents.

Majority 1450(85.3%) of the respondents in school had had no paid job for the past 12 months preceding the interview, 168(9.9%) had had a part time work whilst just 21(1.2%) had had full time work. For those who have worked (part-time/full time), most of them 113(40.6%) were farm labourers, 49(17.6%) were involved in trading, whilst apprentices were 18(6.5%). There were very few 14 (5.0%) salaried workers.

On the question of where in-school respondents have mostly lived for the past 12 months, preceding the study, 298 (17.5%) indicated rural area, 395 (23.2%) said town whilst 918 (54.0%) stated that they had lived in a city.

Majority 1083 (68.0%) of the in-school respondents had received money from some source 30 days prior to this whilst 509 (32.0%) had not received any money. Of those who had received such monies, the sources of the monies included parents/guardians 1303 (73.6%), salary and wages 351 (19.8%), friends 300 (16.9%), charities 103 (5.8%).

3.1 Types of Substances and their Use

a. Common drugs used

According to the respondents, the type of substances commonly used by the youth include:

- Alcohol
- Cannabis
- Tranquilizer
- Cigarette
- Cocaine
- Heroin

The local names for these drugs were given as follows:
Alcohol - *Akpeteshie/ Akpet, Apio, Kasapreko*, Palmwine, VC10, *Bonsamnsuo (satan's water)* Gin, *Yebudidi (for appetite), Abreman*, Power, Damn Booze, Gordon Spark, Juice, *Bonsamdwonso (satan's urine)* Kwaff, Pure water, and APC, *pito*, brandy, satan's urine, castle milk stout (CMS), Guinness, spirit (black and red label, schnapps), Africa, Saviour, trigger, star, beer, castle milk stout. The main means of administration is drinking.

Cigarette /Tobacco– Embassy, Diplomat, *Jot*, 555, Cigar, Tobacco, *Foo, Owoakasee (death bone)*, Pipe, Stroke, *Taaba, Nwisie (smoke)*, Stick, Royals, Bonds, *Nsatea (long fingers), Esi w'ano (inside your mouth), Feg*, King size and Rothmans. Means of administration include smoking, eating, sniffing and brewing into tea.

Cannabis – Wee, *Taaba, Abele, Jah*, Indian hemp, Marijuana, *Taaba, Ahabammono (new leave)* Ganja, *Panyini, Gari, Hardina, Obonsam tawa, Ntampe, Popoje, Sundu,*

Tampico, Rolls, Stuff, and Timber. Means of administration include smoking, eating or brewing into tea.

Cocaine – Cracks, *Aweabonsonsa, Buu*, white powder, energy generator, crazy, maggie powder, s*oroabofo*, snow, coke, Deck *(eat it and you'll. be fine),* fire on the mountain, hemp and white lady. Means of administration include smoking and sniffing.

Tranquilizers- Blue blue, D5, Valium and *Wobeda (you will sleep)* Means of administration include swallowing with water or brewing into tea

Heroin- Brown sugar, Vigo, *Zimblim, Abibe, Para, Ape* and Figure. Means of administration include smoking, sniffing and dissolving in water for injection.

Volatile Inhalants- gases, condensed milk, glue, kerosene, *nyame nsuo (God's water*). Means of administration include sniffing.

For drugs such as amphetamines, opiates and hallucinogens, routes of administration were described as smoking, dissolving in water for injection, sniffing, brewing into tea, absorbing into sugar cubes, swallowing and eating. Amphetamines specifically were mentioned as being smoked with tobacco.

It is worth noting that amphetamines, hallucinogens and opiates were not mentioned as drugs commonly used by the youth.

b. Use of drugs and age of first use

Only 217 (8.7%) of the respondents had ever used cigarette, majority 2283 (91.3%) indicated that they had never used cigarette or tobacco. Of the 8.7% users their age at 1st use ranged from 6-21 years. However many 34 (15.7%) of the respondents started using cigarette between the ages of 14-18 years. The age with highest frequency of beginners was 18 years (12) followed by 16 then 14 and 17 years. Significant increase in numbers begin from 11- 19years.

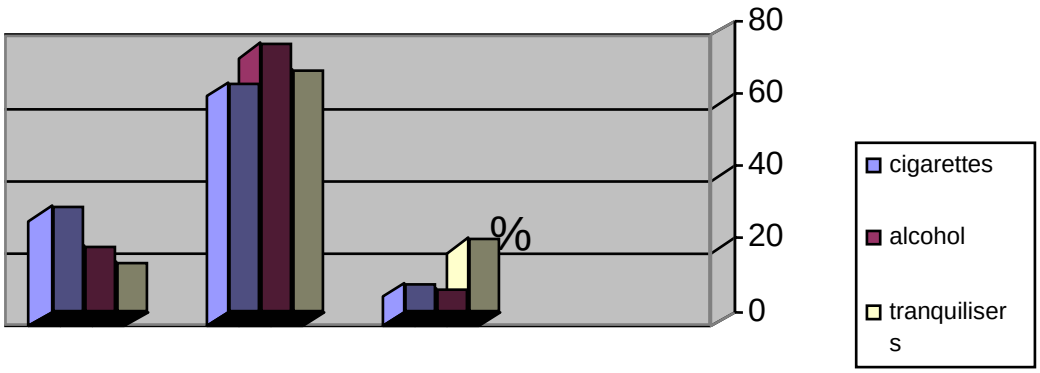
On alcohol usage, majority of the respondents 1868 (74.7%) said they had not used alcohol before whilst 632 (25.3%) had ever used alcohol. The age at first use ranged from 8-23 years. Here again many of the respondents began using alcohol around the ages of 10-20 years. The age at which the highest number started drinking was 18 followed again by age 16, then 15 then 17 and then 10 years.

Majority of the respondents 2476 (99.0%) had never used tranquilizers before. Only 24 (1.0%) stated that they had ever used it. Of these 24, 15 indicated their age at first use as ranging from 9-21 years. Significant number of these respondents used it between 14-18 years.

Similarly, majority of the respondents 2451 (98%) indicated that they had never used cannabis before. Surprisingly, only 49 (1.7%) had ever used it. Of these 49, age at first usage ranged from 9-22 years.

Only 4 (0.2%) of the respondents had ever used amphetamines (ecstasy) whilst the majority 2451 (98.0%) had not tasted it. None of the respondents had ever used hallucinogens (LSD) and cocaine. However 8 (0.3%) had used heroin, and 2 (0.1%) had used opiates (codeine, morphine and pethidine). Only one respondent had used inhalants. These results concerning the variety of drugs listed above indicate that the main drugs of concern in Ghana among the youth are cigarettes, alcohol, cannabis and to a lesser extent tranquilisers and heroine. The chart below shows the frequencies among 6-13, 14-19 and 20-26 years old respectively so far as cigarettes, alcohol and tranquilisers are concerned.

Fig 4. Common drugs used by youth and age of start



c. Reasons for Drug Use and how youth get involved

Social/peer pressure was assigned as the major reason why the youth abuse drugs by 1734 (35.5%). Using drugs to learn or work 88 (16.1%) was given as the second reason. Parental influence 598 (12.3%) was also an important cause of substance abuse as shown in table 3.

Table 3 : Why do you think the youth use drug
(more than one answer could be given)

Category label	% of Count	% of Responses
Social/peer pressure	1734	35.5
Rebellion	373	7.6
Parental influence	598	12.3
Overwork/learning	788	16.1
Lack of role in society/school	392	8.0
For fun	423	8.7
Shyness and fun	336	6.9
Other	236	4.8
Total Responses	4880	100.0

As to whether substance abuse is more common in the school or at home, majority 2354 (55.3%) indicated that it was common both at home and in school. 623 (26.5%) said it was more common in the schools whilst 429 (18.2%) rather felt it was more common in the home than in schools. A higher proportion of respondents 1946 (57.2%) felt that the youths that use drugs were introduced to it by their friends, 172 (5.1%) by relative, 269

(7.9%) by their fathers and 188 (5.5%) by drug pushers. Various ways used in convincing the youth to use drugs include statements like it will /you can:

Statement	No.	%
Make one brilliant	340	24.7
Happier	185	13.4
Stronger/	89	6.5
Work for long hours	197	14.3
Brave	508	36.9
Increase confidence	13	0.9
Boost appetite	31	2.2

Asked about how the youth are trained to you drugs, responses given were that the youth are trained by observation and serving as errand boy, smelling and gradually tasting. Some also secretly put the drug into food for the youth to eat over a period of time.

As the youth are being initiated into the habit, friends (1304, 57.3%) are those who commonly were the buy the drugs. 838 (36.8%) of the respondents however felt that users buy the drugs themselves, whilst 85 (3.7%) said drug pushers purchase the drugs for them.

d. Cost of drugs, Effects of drugs, and Youth Protection against drugs

According to respondents, the cost of drugs such as a stick of cigarette ranges between ¢200.00 and ¢1500 depending on the brand. The cost of alcohol also ranges between ¢50 to ¢25,000. The cost of cocaine is between ¢200 to ¢100,000. Cannabis cost between ¢50 to ¢50,000.

The respondents are aware of some negatives effects of drug use and classify its effects on the individual, family, friends and community at large. This has been outlined in the table below.

Table 4: Effects of Drug Use on Individuals/Family/Friends/Community

Individual	Family	Friends	Community
Bad temper (46.7%)	Break down in family relationship (44.1%)	Break down in family relationship (83.6%)	Crime(51.9%)
Ill-health (20.4%)	Disgrace (28.2%)	Anxiety/fear(9.3%)	Violence(20.7%)
Tiredness (13.2%)	Loss of confidence in the child (9.5%)	-	High cost of treatment (6.4)

Other minor effects mentioned generally include poor academic performance, depression, disturbed sleep, break down in relationships at work, low productivity and accidents.

On how people relate to drug users and addicts, 1902 (79.6%) of the respondents said people relate badly to them, 269 (11.3%) felt people relate to them fairly, whilst a minority, 69 (2.9%) indicated good. Majority of the respondents 2137 (88.6%) indicated that drug use among the youth is increasing whilst 276 (11.4%) felt other wise. The research investigators wanted to find out why respondents felt drug use among the youth was on the increase. Reasons assigned included the following:

- drugs are becoming more common in the country
- Lack of job for the youth
- Elders send children to by drugs
- There are no laws against drugs
- Watching of foreign culture on TV and Internet
- Improper training of children
- Production of drugs is on the increase in the country
- Peer group influence
- More people are using it to study or work

(*note that these reasons are not arranged in order of frequency*)

To protect the youth from exposure to substance abuse, the following suggestions were given by respondents.

- national campaign on substance abuse - 1615 (68.5%)
- formation of self-help groups for drug users - 257 (10.9%)
- parents should refrain from exposing their children - 233 (9.9%)
- formation of peer group educators was suggested - 105(4.5%)

The programmes that respondents felt would help prevent substance abuse among the youth include:

- National campaign against drugs on TV, radio etc
- Law enforcement on selling of drugs
- Arrest and prosecution of abusers
- Public education on drug abuse

3.2 Use of Specific Drugs

a. Cigarettes and other tobacco use

A total of 217 (8.7%) respondents had ever smoked cigarettes. The majority (2283, 91.3%) had never smoked. Of the 8.7% smokers, their age of first usage ranged between 6-21 years, The median age is 15. The majority started smoking at age 18 (12, 19.0%) followed by age 16 (8, 12.7%) then ages 17 and 14 concurrently. Users are influenced by friends (64, 31.7%), social pressure (63, 31.2%) and by themselves (40, 19.8) to smoke. A higher proportion smoke in groups (144, 71.3%) whilst about 58 (28.7%) smoke individually. As at time of interview, 45.8% smoked both in groups or individually. About 62.2% (76) were not regular smokers as at time of interview. For the past 6 months prior to the interview, about 37.8% were regular smokers who smoked

daily. About 27.1% (32) of smokers have been on the habit for about a year. 21(17.8%) for 2 years and 19.5% for 3 years.

Cigarette smokers either use their pocket money (99, 48.8%), own income (47, 23.2%) or rely on charities (25, 12.3%) to fund their habit. They smoke between 1 to 35 or more sticks a day. A majority of them smoke a stick a day, followed by 2-5 sticks a day.

Apart from cigarette smoking, 27% (51) of the users chew or sniff tobacco as a regular habit once or twice a day. Most (100, 87.0%) tobacco/cigarette users get it themselves. For the minority who send someone to get it for them, that someone could be a friend or family member whose age ranged between 7-27 years with most of them being between 15-18 years.
Over 50.3% of cigarette and tobacco users felt smoking has not affected their health.

b. Alcohol Use

Majority of the youth were not into drinking yet. Alcohol is used by about 25.3% (632 out of 2500) of the youth. To get into drinking most respondents recognised the major role played by friends 31.4% (166) and social pressure 29.4% (155). Parental example (52, 9.8%) was also an attribute to youth drinking. Though drug pushers were mentioned as influencers, they formed a very small number (13, 2.5%). It is also worth noting that some youth (99, 18.8%) take up drinking on their own without anybody influencing them.

In terms of how often the youth take alcohol, of the 25% users, just about 23 (0.9%) had taken some on the day of interview. 36 (1.4%) had taken some the day before whilst 125(5.0%) had taken in the past week. A majority (188, 33.3%) were not habitual drinkers. The last time they took some was about a year ago.

Asked about how many days within the past 30 days previous to the day of interview, they have had alcohol, 31.0% (78) had had it a day before, 29.0% (73) had had some 2 days before and 12% 3 days previous. Only 4% had taken some in the past 30 days.

Drinking is highly considered as a group activity and most (268, 51.5%) of the drinkers drank in groups. 25.8 % (134) drank individually whilst 118(22.7%) would drink either in a group or as an individual.

There have been few occasions when some of these drinkers have ventured into drinking competitions to prove their capabilities. About 10.4% of drinkers have attempted this before. Some have been able to have five or more bottles or tots in a row. The drinks are commonly bought from the vending points within their reach. Most often, they (187, 42.3% of alcohol users) buy it themselves, 155(35.1%) send someone to buy it, whilst 22.6% (100) may buy themselves or send someone such as a friend. A few had their drinks bought by their parents. The source of funding their drinking habits is mostly their pocket monies and income from jobs. Concerning their present state of health a majority of drinkers (386, 82.3% out of 469 respondents) felt they were in good health. The few who felt unwell attributed it to alcohol.

Drinkers spend between ⊄100 to ⊄60,000 per day on drinks with the majority (about 50%) spending between ⊄1000 – ⊄20,000 per day.

c. Tranquilisers, sedatives and hypnotics(eg. librium, valium madrax)

A small minority (15, 0.6% out of 2500) of respondents have used tranquilisers commonly referred to as *blue blue or valium* to before. Their ages at first use ranged from 9 to 21 with the majority starting around 14-15 years. They were introduced to it by friends (7,43.8%) and influenced by social pressures. Users either swallow tablets (11, 0.4%) or inject. They would not use a needle that has been previously used. In the last 30 days prior to the study, users take a maximum of 2 day or a minimum of one. Cost of drug is about ⊄ 1000 a month and is usually bought from the community pharmacies or chemical shops. Most respondents sent someone to buy it for them. Generally they feel use of the drug has not affected their health.

d. Cannabis

A very few (37, 1.7%) respondents had been exposed to cannabis. Of the few, most of them were introduced to it between ages 10-23 with a majority (6) being around 12 years. Here again, they were influenced by friends (8, 36.4%), social pressure (6, 27.3%) and shyness/fear (4, 18.2%), Twelve out of the 37 respondents had used cannabis in the last year. Prior to the interview, 5 had used it a day or 2 before, 4 for between 3 to 9 days and 4 have used it daily for 20 or more days. Generally these users take the drug on individual basis or as group. Users may consume between one (9 people) to nine (2people) rolls per day. Cost of cannabis use ranged between ⊄500 - ⊄3,000 per day, ⊄20,000-⊄21,000 per week to ⊄80,000 - ⊄90,000 per month. Users often use their pocket money or income from odd jobs to purchase the cannabis. They would either buy the drug themselves or send someone mostly friends to buy them. The ages of these friends ranged from 11-31 years. Users are likely to smoke the drug when they are happy, angry, interested in enhancing their appetite or when there is a crave. Most of them do not feel that using cannabis has affected their health in anyway. A few (3) felt dull and with experiences of loss of memory. They attributed this to the cannabis use.

e. Volatile Inhalants

Only 2 out of the 2500 respondents had ever inhaled volatile liquids. These 2 started at age 14 and were influenced by friends to do so. They had inhaled the substances 6-9 days within the month previous to the date of data collection and usually did it on individual basis.

f. Heroin

Only 4 out of the 2500 respondents had used heroin. Two of the 4 started at age 7 whilst the remaining began at 14 years. Parental example was noted as an influencing factor. Though 2 of them used it on their own accord. Two had used heroin between 6-9days prior to the date of interview. They used heroin when they did tedious work or when they felt happy. To them their health was not that good as they were cash strapped. Cost of heroin was ⊄5000 per match stick scoop.

Bought at pharmacy. They would buy this on their own or send a friend who may be about 15 years old. Heroin was administered orally or by injection. 2 had used heroin just a week prior to the interview. Users will do it individually or in a group.

3.3 Information on Use of Common drugs through FGD, Case Studies Key informants (Qualitative Data)

a. FGDs-In-school youth

Types of substances and their use

Most of the participants explained drug abuse as taking medicine without doctors advice or prescription. Others described drug abuse as taking overdose of drugs. A few however indicated that using a drug for the wrong purpose or taking drugs, which harm the body is drug abuse.

Marijuana was cited as one of common substances abused by the youth. The other substances mentioned were alcohol (specifically akpeteshi and pito) cocaine, heroin, and valium. Though the study was not looking at substances like coffee and paracetamol, they were mentioned in some of the focus group discussions.

The reasons given for drug use among the youth centred on the perceived benefits such as enabling the user to study, do hard work, get rid of shyness and forget about one's problems. Others however indicated that some youth use drugs out of curiosity, for fun or due to peer pressure.

The age at which the youth are introduced to drugs varied but most of the ages indicated were within the teenage group, 13years upward, only a few mentioned ages below 10 years. The views on whether the youth are introduced to drugs commonly at school or home was divergent. Some were of the opinion that is commonly done at home, others felt it was the school whilst others said it was both the home and school.

With respect to what influences the youth to use drugs, most participants were of the view that peer pressure and curiosity are the major factors. A few however mentioned that poor parental care and advertisements in the media especially with alcoholic beverages also play a role. It was evident in all the focus group discussions that the youth are usually convinced into drug use by being told of the benefits of taking drugs such as it will make you happy, learn, brave and create a sense of belongingness.

A newcomer is given a little of whatever substance he/she is being introduced to and this increased as the days go by. Some of the participants explained it as follows;

The addicted person gives the new comer the left over to "die it off – that is finish it". With alcohol you are given a tot if you cannot take all it is halved, the next time it will be increased to one, two and so on.

There were varied responses on the percentage of the youth in drug abuse. The range was between 1 to 15%. Only a few of the participants indicated percentages lower than

1%. Most of the participants were of the view that drug use among the youth in school was decreasing because of the institution of disciplinary measures against offenders such as dismissal and withdrawal from the boarding house.
A few who believed it was increasing indicated that students still sneak out of school to get these drugs.

Purchase of drugs, Availability, Administration and Cost

Participants indicated that usually the drugs are bought by friends with only a few saying that it is the user himself/herself. Parents were also mentioned especially for alcoholic beverages. Initially the friends of the new comer will buy it for him/her till addiction takes place. There is no specific time period for buying for new comers. A respondent stated that:

"*The frequency with which the person comes to the friend who introduced him/her shows that the person is getting addicted and can now start buying it".*

The drugs / substances are usually bought directly from kiosk, uncompleted buildings, bushes, bars ghettos, under mango trees, market corners and farms.
They may also be obtained indirectly; usually one person from the group of users can go and buy and put it at a strategic point known by the other members and the members pick this up later in turns.

The following ways of administering the drugs were mentioned by the participants.

❑ Wee	Smoking (rolled in paper)
	Eating (Mixed with shito or waakye)
	Boiled and drank as tea
	Chewing
Cocaine	Sniffing, injection, inhaling

In all the FGDs most of participants felt that drugs / substances being abused by the youth are easy to come by due to the following reasons:

- ❑ Alcohol is sold openly everywhere around the schools
- ❑ Wee is easily grown and cultivated in many places and towns in the country and even in people's backyard gardens
- ❑ There are no rules governing the sale of alcohol
- ❑ Day students buy theses substances from town to their friends in the boarding house
- ❑ Some vendors even bring it to the students

A few however indicated that drugs are not easy to come by because it is illegal to possess such drugs.
The cost of some of the drugs usually abused was provided as follows in cedis (¢):

Heroin	¢ 500,000 per teaspoon
Marijuana	500 – 1000 per roll
Cocaine	5000 per head of match stick or pen cork
Valium	50 – 100 per tablet
Alcohol (spirit)	500 – 1200 per tot
Cigarette/Tobacco	250 – 800

Cigar 5000

Most of the participants indicated that the youth are able to afford these drugs mainly through pocket money, stealing, friends, part time jobs.

Terminologies for drugs, sale outlets, vendors and users

Participants provided the following terms for the various substances abused.

Akpeteshie	White water, *Ahokele, Apio, Akpet, Kasapreko, Church, Asokye, Akpet, Tobebem,* Quarter, HIPIC solution, *Don dada*
Pito	Dirty water, House urine
Cigarette	Fagus, red poki
Wee	Church, stuff, ganja, "ntampe", swag, babylon tea
Valium	blue blue, volume 10
Cocaine	abonsam powder, gem, pepper soup, virus

Participants provided the following terms for Users, Sale outlets and Vendors respectively;

Users

Ganja dewy, Niggers, Babylon, Ganja man, Ganja smoker, Patanyole, Rastafarians

Sale outlets

Wee - Base, grounds, Korea park, ghetto, "tsonshi" (under tree in Ga language), palace, parliament

Akpeteshie – *Kaakyire* stop, V. C 10, Blue kiosk

Vendors

Boss, Pushers, Jah Rasta,/Lion, chef, Kalusha

Effects /Benefits Of Substance Use

The benefits of substance use for the individual, family and community are described in table below.

Table 4 : Benefits of substance use

INDIVIDUAL	FAMILY	COMMUNITY
Makes the individual strong to do hard work Boost his/her appetite to eat Able to study to pass exams Get over problems Gives you confidence to rap girls	Can do more work to generate income for the family. Provides protection for the family (feared by others)	If in a school, can help win laurels during athletic competition In a community are seen as entertainers

Table 5 : Harmful effects of substance use

INDIVIDUAL	FAMILY	COMMUNITY
Ill Health (Madness, lung and heart problems) Financial handicaps leading to stealing Death Becomes disrespectful Encounters Rejection by others Poor academic performance	Tarnishes the image of the family Financial burden in terms of medical expenses	Creates a bad image of the community / school Destruction of school property Crime becomes rampant Loss of labour force

Protection from Substance Abuse and Youth Education

Most of the participants indicated that rules regarding the use of these substances in the school are usually that of punishment such as dismissal. However in the community though there are laws to cause arrest of culprits these are not being enforced.

Participants gave the following reasons why some youth do not use drugs:

- Knowledge on the negative effects of drugs abuse
- Because of their upbringing
- Because of their religious beliefs
- Because they have an ambition/aim to achieve in life.

Most of the participants described the relationship between the community and drug users as very poor. They indicated that they are shunned, seen as threats and are suspected as criminals.

To protect the youth against drug abuse, mass educational campaigns on the dangers of drug abuse using Drama, films, posters and debates were indicated in all the FGDs as a means of preventing the youth from getting into substance use. Other suggestions included that severe punishment should be meted out for culprits to deter others. These include dismissal from school and imprisonment. A few also mentioned the following:

- Good parental care / upbringing
- Religious leaders should preach against substance use/abuse
- Formation of youth clubs
- Songs that promote drug use should also be discouraged

Counselling, advice and education on the effects of drug use were indicated by most participants as means of helping the youth already in substance abuse to quit. Others also suggested the following that they should be shunned, imprisoned or sent for medical or traditional treatment.

Participants mentioned that they would like to see the following programmes in place for the prevention of drug abuse.

- Organisation of youth clubs to perform drama, and role plays on the effects of drug abuse.
- Education on the dangers of drug abuse in the form of workshops, debates, TV talk shows and film shows.
- Production of youth magazine with articles on drug abuse and how to stop.
- Promotion of sporting activities and other indoors and outdoor games
- Enforcement of laws against the importation and cultivation of the drugs.
- Provision of employment for the youth.
- Provision of scholarship schemes for students with financial problems (in order to forget about their problems).

b. FGD among out- of- school youth

In order not to miss vital information from the viewpoints of the out of school youth, their contributions have also been described below. These findings are very similar to that of the in-school youth but contain slight variations.

Types of substances and their use

Most of the participants explained drug abuse as taking drugs without doctor's advice and taking drugs that are not good or harmful the body. A few explained it as the overuse of prescribed drugs, the intake of drugs without illness and taking of drugs to stimulate the body.

Marijuana was commonly mentioned in all the FGDs as one of the common substances abused. The other substances are alcohol, valium and cocaine. The major reasons given for drug use among the youth was based on perceived effects or benefits of the drugs such as

- Makes you feel high, strong, stay awake for a long time, forget your emotional and social problems and overcome shyness. Other reasons given for drug use were as follows:
- Influence from friends (peer pressure)
- To have fun
- Lack of parental control
- To rebel against parents

The age at which the youth are usually introduced to drugs varied among the participants. But ages within the teens were mostly indicated. A few however mentioned ages as low as 8 to 10years and ages as high as 20 – 25years.

Similarly, there were no clear-cut answers as to where the youth are commonly introduced to drugs. Three main responses were given. Being at school, at home or both. Friends or peer pressure was indicated by most participants as a factor influencing drug use. Other factors mentioned were

- Perceived benefits such as strength to work, overcome shyness and learn
- Lack of parental control
- Unemployment
- Financial problems/frustration

In all the FGDs participants indicated that the youth are usually convinced into drug use by telling them of the perceived benefits such as *"It will enable you to be brave, overcome shyness, learn, boost your appetite and work for long hours"*. Others too said they are at times given the drugs free or given money to lure them.

The following were mentioned as ways by which the youth are trained into drug use:

- They run errands (sent to buy) and later asked to try it and see
- Asked to accompany users to sale outlets and later roped into it
- They are given bits/pieces of the substance eg a tot of alcohol to start or a piece of cigarette.

Most participants stated that usually friends buy for the new comers and when they get hooked they buy it themselves. There is no specific time frame for sponsoring new comers. The duration varies for the different drugs and with individuals.

<u>Purchase of drugs, Availability, Administration and Cost</u>

The drugs are usually obtained from ghettos, uncompleted buildings, bushes, refuse dumps, markets, drinking spots and broken down cars. The drugs could be obtained at these places through a contact person and known customers. Vendors can also fold their palms as a form of greetings and exchange the drug secretly for money.

Participants stated some of the ways by which the drugs are administered. For wee, it is usually administered through mixing with drink, soup, porridge and drank/eaten. It may also be sniffed or the seeds may be grounded with pepper and eaten.

Valium is usually swallowed.

The percentage of youth in drug abuse as revealed by the participants varied and was very high between 15% to 70%. For participants who were of the view that drug use was increasing, they assigned the under-listed reasons:

- The laws are not being enforced and the punishment given to culprits do not serve as deterrents
- Those who are supposed to enforce the laws are themselves abusers
- Drug use is being promoted in the media (advertisement of alcoholic beverages)
- Unemployment
- Infiltration of foreign culture
- Peer pressure

For others who were of the view that drug use was decreasing, the following reasons were given.

- Frequent arrest of users serve as deterrents
- Users after arrest and release come back changed
- Advise from parents against drug use
- Education on television on the effects of drug abuse
- The evidence of drug addicts becoming mad discourages others from getting into it.

Most participants indicated that the drugs are easy to buy because they are sold openly with the exception of cocaine and marijuana. Some are also cheap. Wee for instance can be grown anywhere. Moreover, the sale of these drugs serve as a source of income for the vendors so more people are in the business thereby making it easily available. Others were of the opinion that the drugs are not easy to come by because they are considered illegal, and there are security checkpoints at barriers to track down offenders. Thus for fear of being prosecuted the drugs are sold secretly.

Participants provided the cost of the following drugs.

Marijuana	¢500 – 1000 per roll
Cocaine	No idea
Valium	¢50 – 100 per tablet
Alcohol	¢500 – 1000 per tot
(eg. Akpeteshie, pito	¢1000 per calabash)
Cigarette/Tobacco	¢200 – 1500

Participants however had no idea about the cost of heroin. pethidine, morphine, codeine and glue .The youth are able to afford these drugs usually from proceeds from part time job, pocket money, stealing and cheating such as telling lies to extort monies from their parents. A few however said that some depend on their friends.

Terminologies for drugs, sale outlets, vendors and users

The various terms usually used in referring to some of these substances are stated below:

Wee:	*Abonsam tawa, Nkatie,* Pass fire to ganja, *she bi no ye* (smoke some for it is good*), we nkatie* (chew groundnut)
Cigarette:	Raid, coil, *ti ketewaa* one stick, *fawakoma begye, wa hyia wo nua* (you meet your brother) Heart warmer, *nnua*
Cocaine:	K K D
Valium	volume, blue blue
Akpeteshie:	*makana, yebudidi,* God is king, *Nipa re nom* (people are drinking) quarter
Pito:	*kelengpe*

Users

Tiller, *Baba,* hard workers, rascals, fine boys, niggers, *wee yaro*, *Nanwole yaro*, Believer, Jah Brothers, Columbians, Old soldiers, Bush member.

Special terms for alcohol users include *nugbenya, akobalm, ahokele, luwa.*

Sale Outlets

Vending points are referred to as Base, original base, Top, Down, Cool place, Ghetto Parliament, See.

Vendors

The vendors are usually called killer, *Azaaman, ogalaa*, Don't fear anybody, Jah Rasta.

Effects /Benefits Of Substance Use

Some discussants were of the view that there are no benefits of substance use for the family and community. Others however stated the following as benefits.

Table 6: Benefits of substance use

INDIVIDUAL	**FAMILY**	**COMMUNITY**
It makes the individual bold Enables you to do hard work Can work for long hours	Protection/defence of family members by the drug user in case of confrontation or when the need arises	Revenue for government in terms of fines Protection/defence of the community by users in case of attacks by mobs Users are seen as entertainers

The harmful effects of substance use as described by participants are described in table 7.

Table 7: Harmful Effects of substance use

INDIVIDUAL	FAMILY	COMMUNITY
Ill-Health (Madness, lung and heart problems) Weight loss Becomes Arrogant Death	Disgrace Financial burden in terms of medical expenses Quarrels, fighting, violence among family members incited by the user Theft (users steal from family members to buy drugs)	Smoking leads to environmental pollution and consequently ill health for community members Disgrace Bush fires, (smoking and leaving pieces around) Social vices such as rape, robbery become rampant Deters investors (thereby affecting development)

Protection from Substance Abuse and Youth Education

Participants indicated that there are laws regarding the use of these substances and culprits are usually arrested and prosecuted. However the laws are not very strict.

Most participants stated that knowledge of the side effects and observation of the effects of drug use on addicts or users such as madness is the major reason why some youth do not abuse drugs, others also mentioned the following:

- Because they have a goal / aim in life
- Because of their religious beliefs / Christian teachings
- Because they respect themselves

The relationship between the community and drug users were described as poor. They are most often shunned, disliked, suspected as criminals and usually associated with bad things as one participant put it:
"People do not like them, because they think they are evil doers. But those who are involved (those in drug use) like them".

With reference to what can be done to prevent the youth from getting into drugs, suggestions given were as follows:

- Education and counselling on the dangers of drug use through the media
- Formation of youth clubs to educate them on the effects of drug use and keep them occupied/busy with indoor and outdoor games
- Arrest culprits, give stiff punishment to serve as a deterrent
- Involve the military in the arrest since the police are usually not feared
- Town committees can also be formed to facilitate the arrest of culprits
- Provide employment opportunities for the youth to get them occupied

Most participants were of the view that the youth who are already in substance abuse could be helped to quit by:

- Provision of counselling and advise from assemblymen and opinion leaders.
- Frequent police arrest. This should be instituted and stiff punishment such as imprisonment given to them.
- Creation of Employment opportunities
- Provision of good parental care.
- Importation and cultivation of drugs should be banned/stopped thereby reducing the availability.

Participants indicated that they would like to see the following programmes being ran for the prevention of drug abuse among the youth:

- Education on the dangers of drug use in the TV, radios and talks by health professionals in the community eg. during communal labour.
- Provide employment and set up youth training centres
- Formation of youth clubs to keep them engaged in useful activities
- Minimise the importation of alcohol
- Set up joint military and police patrols together with the formation of watch committee in the community who will institute the arrest of culprits
- Training of counsellors and formation of rehabilitation centres for users and vendors.

c. Key Informants

Types of substances and their use

The key informants generally explained substance abuse as the misuse of drugs or using drugs, which have not been prescribed by the doctor. One of the informants gave a further explanation as follows:

"Substance abuse is the misuse of legal drugs such as Chloroquine, Paracetamol and valium. It also involves the use of illegal substances such as narcotics e.g. Cocaine, Heroin, marijuana LSD, MDA."

Marijuana was commonly cited as one of the common substances abused by the youth. The other substances abused are alcohol, cigarette, valium, cocaine, heroin, madrax, pethidine. Paracetamol and black coffee were also indicated.

All the informants with the exception of one person indicated that they had been in contact with drug users. Majority of such users were students with only a few being apprentices, truck pushers and a farmer.

Peer pressure was stated as a major factor influencing substance use among the youth. Other factors were perceived benefits such as ability to study, overcome shyness and frustration, rebel against parents and to do hard work, curiosity to experiment things and ignorance of the dangers involved.

The youth are usually convinced into drug use by the same techniques explained above. Some of the informants explained it as follows:

"Some are introduced to the drugs by their friends and they are told that it will help them to get rid of their financial problems, have pleasure and be seen as heroes by others. Why don't you try it and see". "If you refuse they will insult you".

Sometimes a person on drugs will buy food for the friend who cannot afford, after sometime the user will then introduce the poor person to the drugs, if he refuses that is the end of his free lunch. Thus for fear of losing such a friend he joins the friend to take the drugs."

As one of the key informants puts it: "*The training is unstructured and variable. Some are asked by their friends to accompany them to a spot and then asked to taste it. They are then given the substance bit by bit and warned not to tell anybody. Some start from cigarette and then graduate to wee. Others are first taught how to wrap the roll and then asked to taste it. As regards the smoking of marijuana, they are told first that if the stuff is good you will cough, the smoke is to be swallowed and kept for sometime. Sometimes the substance can also be mixed with food like "waakye" (rice and beans with peppery sauce), if the person likes it, he will follow the group to wherever they get the substance.*

In certain instances they are also taught how to prevent people from detecting that they are users. For example, they are told not to look straight into people's eyes. They must

put on goggles and long sleeves for those on injectables. They are also told not to eat before smoking.

The informants also stated that usually the first few doses are free either from the peddler or the friends who introduced him to it, but when the person gets hooked to the drug he buys it. There is usually no specific time period earmarked for the new comer to enjoy free drugs. The duration depends on the type of drug, rate of addiction and the interest shown by the new comer. The informants indicated also that the sale of these drugs is usually in slums and densely populated areas. Specifically toilets, refuse, dump, bush around schools, uncompleted buildings, shack (wooden structures) along rivers, Zongo line (northern communities) and farms. In the school, students are able to obtain these drugs from vendors who bring it to the school or the students go to town and buy it. In certain instances one person from the group will purchase the drug and share it to members or they may have a spot where it is kept and they go for it in turns.

It was also indicated that sometimes the drugs can be obtained from normal food sellers such as a porridge (koko) seller who sell the wee with the koko. Usually the buyer makes a signal and this will indicate whether one is buying the koko or the wee. Vendors could also stand around with their hands in their pockets for example under a tree and with a nod could detect if a person wants the drug. Other vendors stay in rooms and usually pull their hands out to sell. Their faces are not seen.

The variety of ways through which selected drugs are administered are described below:

Wee	-	smoking, sniffed, chewed as cola, drank as bitters and tea, and also added to food and eaten
Cocaine	-	inhaled (a spoon is filled with the substance, heated and inhaled, smoked in pipe or sniffed
Heroin	-	injected
Pethidine	-	injected
Glue	-	sniffing

Most of the informants stated that the percentage of the youth in substance abuse is about less than 1% to 10%. A few of the informants however estimated that about 30 – 60% of the youth are in substance use. Some of the informants were of the opinion that drug use is decreasing among the youth because of the institution of disciplinary measures such as suspension and grounds work (weeding), ongoing Christian and Moslem teachings as well as the education on the effects of drug use by youth associations.

Others were however of the opinion that drug use is increasing as a result of lack of parental control, increase in the number of wee bases and drinking bars. One of the informants sums it up by saying:
“ Drug abuse is increasing because there is increase in the number of broken homes, people want to get rich quick so they take drugs in order to be brave to under take armed robbery. Students are also performing poorly in schools and are therefore taking the drugs with the hope that they will be able to learn”.

Purchase of drugs, Availability, Administration and Cost

Majority of the informants were of the view that drugs are easy to come by. They and made comments such as *" Wee is grown every where. Minors below 18 years are not being arrested for taking alcohol and drugs are sold over the counter without any restrictions or prescriptions. Cocaine is however not easy to come by because of the price".*

Another informant puts it this way, *" Wee is being planted in Ghana, cocaine is imported into the country, akpeteshi is being distilled, pethidine is in the drug stores and one can buy it over the counter. " The sale of wee is a quick way of getting money so people are growing more to sell. Vending points are around the schools and every where"*

The cost of the drugs were provided as follows

Wee	-	¢200 - 500 in villages
		¢500 -1000 in cities
Heroin	-	¢120,000 for 100g (1/2 teaspoon full)
Cocaine	-	¢2000-5000
Alcohol	-	Akpeteshi ¢1000 per tot, pito for ¢1000 per calabash
Cigarette	-	¢300-700 per stick
Valium	-	¢30-150 per tablet

In terms of affordability, the youth are able to afford these drugs through stealing from parents, friends and armed robbery, using their pocket money, having friends buy for them, through part time jobs, use of school fees and deceiving parents to extort money from them.

Terminologies for drugs, sale outlets, vendors and users
The common terms used are listed below.

Substances		
Wee	-	ganja, *"abonsam tawa," eba, abgaa,* high, life, whisky in papers.
Alcohol (Akpeteshie)	-	APC, tso lorry, apio, "maka a maka" kill me quick, take me there, talk careless, the thing, ogoglo, home boy, help me break my house, raw, hot.
Pito	-	chapalo, virol
Valium	-	blue blue, volume

Terms used for sale outlets
Blue kiosk, Davis place, Ghetto, base, guides house, Yusi dam.

Terms for sellers
Pushers, Peddlers, Brokers, Dealers.

Terms for users
Junkies, Niggers, Clan members, Balimen Killer, Ganjaman.

Effects /Benefits Of Substance Use

Some of the informants indicated that there are no benefits of substance use for the individual, family and Community. They felt that the benefits of substance abuse are temporary in meeting the individual needs but the total outcome makes these perceived benefits insignificant. Table 8 outlines some expressed benefits.

Table 8: Benefits/Effects of substance use

INDIVIDUAL	**FAMILY**	**COMMUNITY**
Makes you happy Helps you forget about your problems Boost your appetite Makes you bold to act without fear Enables you to learn You are seen as hero Helps to control /relieve pain Gives you energy to work	There are No benefits For the family	Community can cite users As bad examples to be avoided or shunned

The harmful effects of substance abuse on the individual, family and community are described in Table 9.

Table 9: Harmful effects of substance use

INDIVIDUAL	**FAMILY**	**COMMUNITY**

Poor health (madness, cancer) Death Low academic performance Depression Loss of ambition Truancy Makes the person quick tempered and disrespectful	Financial burden due to hospital or medical expenses Tarnishes the image of the family Worry among family members Creates legal problems for the family if the person is involved in rape, crime, violence Breakdown in the marriage Loss of income, the person is not productive to contribute to the family's income	There is loss of Human resources leading to decreased Productivity Financial burden of using the tax payers money to care for lunatics Tarnishes the image of the community Criminal acts such as Rape, reckless driving and armed robbery become rampant

Protection from Substance Abuse and Youth Education

Almost all the key informants were of the view that good upbringing or parental care is a major reason why some youth do not abuse drugs. The informants believe that if the needs of the youth are provided by their parents, they are shown love and given guidance and counselling, there is no reason why they must abuse drugs. Other reasons given include the provision of education on the effects of drugs, religious beliefs, observation of the effects of drug abuse on past users, personal discipline and strong will to maintain dignity presence of an ambition/goal in life as well as the choice of friends.

The relation between drug users and the community was described as poor. They are shunned and looked down upon. They are not respected and are even refused marriages. In certain communities they are advised against its use. However a few stated that in some communities they are seen as heroes.

The following suggestions were made to help in the prevention of substance use among the youth.

- Education about the effects of drug abuse using the radio, TV and film shows in schools and churches
- Exposure to past drug users through excursion to psychiatric hospitals and allowing past users to share their experience
- Good parental care – parents should show concern about their children in every aspect and advise them.
- Enforcement of laws by the Police and Customs, Excise and Preventive Services to arrest the culprits.

- Reduce the cultivation of such substances. Chiefs should ensure that such farms are destroyed.
- Stop licensing people to sell alcohol around schools.
- Provide employment for the youth
- Run programmes that will keep the youth occupied eg. Sports, games, and entertainment.

For the youth that are already in substance abuse the key informants suggested the following to help them quit the habit.

- Health education on the effects of drugs abuse.
- Provide psychotherapy and medical treatment at psychiatric units.
- Provide counselling services within communities
- Provide employment and other needs that they may have
- Promote christian teachings and moral education in schools

An informant sums it up as:
"*They must be shown love and understanding, accept them, win their trust, and guide them in a relax manner on how to quit"*.

The key informants indicated that they would like to see some of the under-listed programs in place in the prevention of drug abuse among the youth.

- Education on the effects of drug abuse through the TV and radio using drama, debate, and health talks, forums, films in first and second cycle institutions.
- Formation of youth/health clubs in the schools and community to campaign against the cultivation of wee
- Provision of sports and recreational facilities.
- Provision of guidance and counselling services in schools.
- Excursions to psychiatric hospitals and programmes that will give the youth the opportunity to hear the experiences of past drug users.
- Provision of youth training centres to help the out of school youth to acquire skills and employment.
- Promotion of religious and moral education in schools.

d. *Case Studies at Accra Psychiatric Hospital*

Two (2) inmates of the Psychiatric Hospital who were past drug users were interviewed. Their contributions are presented in the proceeding pages.

CASE STUDY 1

This was a 19 years old boy, resident in Asylum Down, Accra. He had education up to JSS 2.

He defined drug abuse as taking drugs that are not permitted by the government. He indicated that some of the drugs which are commonly abused by the youth are wee, cocaine, cigarette and alcohol.

He started taking wee and cigarette at the age of 13years and alcohol at 16 years respectively. He was influenced by friends to take these drugs. Besides he loves singing rap music and he realised that anytime he takes the drugs, he is able to sing for long hours. He learnt how to take drugs on his own after his friends had invited him. He usually obtained the wee from a ghetto and the alcohol at a drinking bar. He smokes about 6 rolls of wee and 4 bottles of beer per day. He had been on the wee for 6 years and the alcohol for about three and half years.

According to him drug use is increasing because most of the youth find it very fashionable, they are able to identify with the group. With the current taste for rap music one is able to rap and sing more after taking these drugs.

He was able to afford these drugs from his pocket money. The table below shows the amount of money he spent, daily, weekly and monthly respectively.

Table 10 : Amount Spent On Drugs

	COST			
Drug/Substance	**UNIT COST**	**DAILY**	**WEEKLY**	**MONTHLY**
WEE	¢500 per roll	¢3000	¢15,000	¢60,000
BEER	¢3500 per bottle	¢14,000	¢73,500 (21 bottles)	¢294,000

The names he used for the drugs, vendors, users and sale outlets he was familiar with were:

Drugs
Wee - germ, stuff
Cocaine - coke
Beer - *bierro*

Vendors - Pushers, sellers

Users
Cocaine users are called junkies

Sale outlets
Base, Ghettos

Some of the benefits he claims he derived from using the drugs were that it helped him to sing rap music so well. He could go anywhere and do everything without shyness. He did not fear anything. He however mentioned that the harmful effect he experienced was that, he laughed at people without cause. Also on one occasion after smoking the wee he fought with someone and had a cut on his head.

According to him he had to stop taking the drugs because the police arrested him and was remanded in custody for two weeks. His grandfather made the report after he had ignored all warnings to stop. He once stopped taking the substances for about three (3) months but friends came and invited him to the base and drinking spot and he started taking the drugs again.

He suggested that to keep the youth away from drugs, there should be educational campaigns in schools and at home so that the youth will be informed about the effects of drug use. He indicated that he could give advice to the youth to stop taking drugs. He will also advise drug users on the dangers of drug use.

After his release from custody he felt very sorry for himself and often wept. The family therefore felt this behaviour was abnormal and thus brought him to hospital for treatment He felt that being in the hospital for 4 months was good for him because he had stopped taking the drugs.

CASE STUDY TWO

This was a 24 years old man, resident at Agogo, in the Eastern region. He completed JSS and is a carpenter. He could not explain the term drug abuse. He mentioned marijuana and akpeteshie as substances usually abused by the youth.

He had been on wee, local gin (*akpeteshie)* and palm wine. He started taking akpeteshie and palm wine at the age of 16 years and wee at 18 years. Friends convinced him that the drugs would give him power or energy to work as a carpenter. He was then invited to the vending point and asked to taste it. His mother sells *akpeteshie* so he used to taste it and gradually started drinking. He usually sends a friend to buy the wee from a nearby village using his own income. He smokes about 2 rolls of wee and one APC bottle of akpeteshie daily. He had been on the drugs for about five (5) years.

He was of the view that those who see the harmful effects of drug abuse are stopping but because these drugs are being sold some people too are going into it. Thus he cannot say categorically whether drug use among the youth is increasing or decreasing.

He was able to afford these drugs from his income. He was not buying the akpeteshie because the mother was selling it. Table 11 shows the amount of money he spent, daily, weekly and monthly on wee respectively.

Table 11 : Amount Spent On Drugs

	COST			
Drug	**UNIT COST**	**DAILY**	**WEEKLY**	**MONTHLY**
WEE	¢600 -1000 per roll (the cost varied over time)	¢ 600-1000	¢4,200 -7000	¢16,800 –28,000

He provided the following terms for the drugs and vending points respectively.

Drugs
Marijuana - ganja, bolo, wee, jah
Akpeteshie - alomo, apio, hot water

Sale Outlets
Ghetto, the base, bross bronze

Some of the benefits he derived from using the drugs were his ability to work for long hours, do strenuous jobs and increase in level of boldness (was not afraid of anything). Though he was not involved in any accident as a result of using these substances, he experienced some harmful effects such as headaches, painful sensations in the head and talking to himself from time to time. He stopped taking the drugs for a short time as a result of the painful sensations in his head but went back to it because he lacked the will power to stop.
On the issue of youth protection against drug abuse, he suggested that the police should go to places like Boti falls (Tourist Spot) and jamming spots to arrest those who sell in order to prevent the youth from getting into drugs. His personal contributions he stated, will include reporting those who sell to the police and advising the youth on the harmful effects of drug abuse. He will also advise drug users to stop taking marijuana because it is harmful. He indicated that his mother brought him to the hospital because he used to talk to himself. He confessed that he had stopped taking the drugs since his admission. He can now eat and sleep well and also take part in the daily chores on the ward.

CHAPTER FOUR- DISCUSSION OF FINDINGS AND CONCLUSIONS

The investigators of this study were interested in finding out the prevalence of substance use among the youth in Ghana as well as its social consequences to advise Public Health Organizations, NGOs, Private and Government Institutions interested in designing suitable programmes aimed at protecting youth against substance use and abuse.

Valuable information has been generated as outlined in chapter 3 from the three regions visited namely Greater Accra, Brong-Ahafo and Upper-East through qualitative and quantitative data gathering. Studies carried out by other investigators and reports released by international organisations focusing on aspects of substance use can be adequately compared with findings of this study bordering on background characteristics of in-school and out-of-school youth and their relationships with respect to:

- common substances used
- age of first use of types of drugs,
- reasons for drug use
- how the youth get involved
- cost of drugs, effects of drugs
- how the youth could be protected against drug abuse

It is worth mentioning though, that evidenced based data on substance use within Ghana is generally very minimal, let alone the youth. Most of the information available are speculative and cannot be substantiated. Scattered data from the clinical health sector provides limited data on in-patients and type of substances used. The few comparative data that have been accessed will be utilised in discussing findings of this study among other international ones. It must also be noted that though this study focussed on in-school and out of school youth in the rural and urban settings as described by our operational definition, our main interest was to collect data covering the two types of youth from those settings rather than to draw a comparison between them and within regions.

4.0. Demographic Profile

Findings of this study indicate that a majority (57.4%) of respondents for the structured interviews were males with 41.9% being females. Sixty-eight percent of them were in school whilst 32% were out of school. It was common to find the in-school youth being day students (68.4%). Only 32% were boarders. It is possible that with such a high proportion of students being day students, their influence whether positive or negative on the boarders will be very great. Their median age was 19 years and mostly unmarried.
A careful look however at the marital background of the out of school youth surprisingly indicated a few who are divorced or widowed at such a tender age. A high proportion of these youth had a religious affiliation with a majority being Christian (84.1%). A similar pattern is seen among key informants and FGD discussants.

Most of the in-school youth (51.1%), focus group discussants (62%) and out of school youth (51%) lived in households with both parents. Those who lived in households with a single parent were a minority and lesser still lived with their guardians. This implies that parental/guardian influence or presence could not be said to be lacking at all in the social and emotional lives of our youth. The occurrence of youth living on their own was minimal and formed just 3.1% and 8% of the in school and out of school youth respectively.

Of the out-of-school youth, most of them were either unemployed or were artisans. The in-school youth (85.3%) were mainly unemployed. However a few get the opportunity to earn a living through part time farming, trading or apprenticeship. It is common knowledge within Ghana, that artisans, the unemployed and those who are engaged in manual labour often resort to substance abuse in order to derive energy to engage in their occupation. Evidence from existing data from the Ghana's premier psychiatric hospital show that 54.1% of the inmates who are admitted for drug abuse related conditions are unemployed (13). This data tends to confirm the common speculation and to suggest that the fact that a majority of our youth in this study are unemployed puts them at high risk for substance abuse.

The majority of the youth in our sample were urban dwellers (77%).

All the youth studied in this survey had had at least 9 years of formal education. Whilst that of our key informants ranged between 10-15 years. This background gives a high proportion of respondents who must be capable of understanding and communicating in basic English.

A high majority of parents of these youth are into petty trading (56.4%). Observation of community practices indicate that petty trading may range from a small table shop in front of their residence to big shops in the centre of town/city. In some types of trading, parents may be required to stay long hours away from home or days or stay out of home to seek for goods to restock shop. It is therefore possible that though most of survey participants were living with their parents, parental presence and supervision on regular basis may be lacking.

The demographic profile of this study respondents can be compared to that of a study conducted in Southern Africa by WHO/UNDCP (14). This sought to determine the knowledge, attitudes, practices and opportunities for interventions in substance use within 3 countries namely Republic of South Africa, United Republic of Tanzania and Republic of Zambia. The demographic profile of the youth used in the survey in South Africa indicated that 59% were females whilst 41% were males. This is a reverse of what existed in this present study. The basic educational background of respondents of this present survey were comparatively higher than the South Africans who had 57% with 8+years of formal education. 98% of their sample were religiously affiliated whilst 86% are in-school youth. These data makes it possible to compare the results of their survey with that of this survey.

Based on the findings described above, it can be stated that the demographic profile of the youth in Ghana are similar to that of other African countries. The differences that may exist are very minimal.

4.1 Common Substances Used

Results of this survey indicate that the commonest substances used by the youth are alcohol (25.3%) cigarette (8.7%) and cannabis (1.7%) in the order of frequency. Drugs such as heroin (0.3%), tranquilisers (1%), Opiates (0.1%), amphetamines (0.2%) and volatile inhalants were hardly used (14,15). These findings vary to an extent when compared with similar studies. In the report of the MOH, Ghana on drug addicts, the commonest substance abused by inmates was cannabis (67.4%) followed by alcohol (24.2%). There was no information on tobacco. The reason may be that people who develop clinical problems due to smoking are not commonly admitted to psychiatric hospitals. Though alcohol ranked second in the hospital data, the percentage of users was very comparable to the results of this survey. In another Ghanaian study, it was found that 30% of youth drank alcohol at least three times a week (16).

Findings of a survey by Wellington (10,11) which took a specific look at tobacco, 14.3% of youth between ages 13-15 had ever used cigarettes. This is comparatively higher to the results of this research. A look at the Southern African Survey again reveals a similar trend to that of the Ghana Hospital data. Cannabis use was the highest among the youth in one community with 82% males and 18% females being life time users. This was followed by cigarette with 71% of males and 29% females involved. Hard liquor was the next followed by beer. In a similar study in the United Republic of Tanzania with 303 youth, cigarette was the drug commonly used with 19.7% lifetime users. Beer (17.8%) was the next followed by cannabis (14.4%).

With reference to the drugs rarely used, the youth study in South Africa corroborated the findings of this research in that cocaine, heroin and ecstasy use were non-existent but tranquilisers, sedatives and pain killers were popular.

In a study of 3,870 students from 20 school boards in Ontario, Canada, (15) on drug use, it was found that a total of 58.8% students use alcohol, 27.9% use cigarettes and 22.7% use cannabis. Although the proportions are higher compared with this present study ,the order of common use agrees with findings.

Having looked at the results of a number of surveys and compared with that of this study, it can be inferred that the common substances often abused by the youth are cigarettes, cannabis and alcohol. The order of occurrence varies with respect to the community studied. The reasons for the lower frequency in cigarette smoking in this study could be attributable to the upsurge of public education and warnings about the effects of tobacco in recent years coupled with the involvement of the youth in the celebration of 'No Tobacco Days' nationwide though infrequent. The level of use of alcohol is probably due to the social permissiveness in alcohol use. It is a drug with important social roles and is therefore acceptable. Consequently there are few laws governing its usage and

restriction within the population. Besides, brewing companies go at length to produce and advertise specific alcoholic beverages aimed at wooing the youth into alcohol use. No specific reason could be attributed to the very low frequency in cannabis use in this study. The result was surprising to investigators since there are heightened speculations that more youth are abusing cannabis. It is strongly felt that respondents probably were not convinced that divulging such information to the research team was safe.

4.2 Terminologies Used To describe Types of Drugs, Vendors and Vending Sites

Generally, information generated from the study describes the variety of names given to the specific substances. Most of the names are in English as well as the local languages of *Twi, Ga, Adangbe, Bono Kusasi* and *Kasim*. The terminologies given tended to describe the brand name of types of substances as given by manufacturers or based on the appearance of the substance, effects on the body, social perception, packaging and the desire to conceal the true identity of the substance.
For instance valium is commonly called *blue blue*, cocaine is *snow maggie powder or white lady* .Heroin is *brown sugar,* cigarette is referred to as long fingers or stick. Volatile inhalants such as glue is referred to as *condensed milk.* In the area of alcohol, there are a variety to choose from based on affordability. The most common type of alcohol is the local gin called *akpeteshie*. It has other names such as *white water, HIPIC solution(considered as gin for the poor man) and VC 10.* (17*)* All these terminologies are derived by virtue of their appearances or public perception. Cannabis may be referred to as *Obonsam tawa* (the devil's tobacco), *akpeteshie* as *obonsamdwonso* in view of the social perception that they are unacceptable and religiously incorrect acts that portray that the individual is under the influence of the devil. It is worth noting that most of the substances do not go by one name. They have several names that users use in concealing their true identity depending on the environment they might find themselves in at a point in time.

Terminologies for users, vendors and vending sites also reflect community perception of the seller, site and the substance being sold. Drug users are called names such as Tiller, Baba, Hard worker, rascal, fine boy, nigger, wee yaro, Jah brother, columbian, bush member or old soldier. Vendors for substances such as cannabis, heroin and cocaine may be referred to as *Jah Rasta, Lion, Chef or boss, dealer, pusher or broker* by virtue of the fact that cannabis is associated with the Rastafarian religion. Besides, the *Lion of Judah* is also an important emblem for the religion. The vendor is often perceived by users as one in authority within the group. He is a role model. Hence the term boss or chef. The term *pusher, 'Azaaman', dealer or broker* often reflects the illegality of the substance being traded. *Akpeteshie* is often sold at sites painted blue. Hence the name blue kiosk.

Some of these terminologies such as snow, coke, brown sugar are internationally known and used. Investigators were unable to get access to reliable data to confirm findings.
The main conclusions therefore from these findings are that terminologies for drugs are variable to specific drugs and that the terms generally reflect their brands name, appearance, effects on the body and social/public perception.

4.3 Reasons for and Initiation into Substance Use

According to this study, the youth use drugs mainly because of peer pressure (35.5%), need to overwork or learn (16.1%) and parental influence. A good proportion (24.7%) of the respondents were convinced that drug use makes one brilliant. Other related reasons were to induce rebellion, have fun, satisfy curiosity or to break a feeling of shyness. Over 57% of the respondents were of the view that friends were major influencers, followed by fathers. The likelihood that the youth will be introduced to drugs seem to be stronger both at home and at school. Respondents (55.3%) felt that substance use was common both at home and at school.

Initiation into substance use is mainly by means of playing on the naivety of the new entrant to believe in the perceived benefit of using that particular drug. They are told that it will make them happy, brave, increase their ability to learn and help them develop a feeling of togetherness among peers. A past drug user indicated that taking drugs helped him to sing rap music better. These findings are corroborated by the study in South Africa, Tanzania and Zambia (14) where 19% of youth went into cigarette smoking, 23% in alcohol use, 6% into cannabis use all out of curiosity. Other reasons for use cited by the study are very much similar to the findings in this study. Initiation into substance use by friends, family, acquaintance and friend was also confirmed. Substance use is often a group affair. Often users congregate at a vending site and use the drug with background music or an entertaining activity going on (17). Some (10.4% of alcohol users in this present study) even venture into competitions to prove the best user.

It can therefore be deduced that substance use among the youth is highly influenced by the friends, family and acquaintances both at home and at school. Out of curiosity, need to be accepted among peers or to fulfil a desire to accomplish a specific type of work, the youth are initiated into substance use by a subtle means of accompanying to vending sites as errand boys, being encouraged to smell or taste, being allowed to experience the transient ecstatic feeling of the substance and being treated as the best of pals until the person gets addicted. Then he is told to buy on his own. This is portrayed in this statement. *"The addicted person gives the new comer the left over to "die it off – that is finish it". With alcohol you are given a tot if you cannot take all it is halved, the next time it will be increased to one, two and so on".*

4.4 Use of Specific Drugs

Use of specific drugs begin at a stage in the life of the user as s/he interacts with family, friends and acquaintances and as s/he struggles to find his own identity in life. Introduction to drugs in this study began as early as 6 years and as late as 23 years with a majority being between ages 14-19 years. Of the 8.7% (217) cigarette users, a majority started at age 18. About 62% (76) of these are not regular users. The 37% are regular ones who smoke daily and may also chew or sniff tobacco. Of the 25% alcohol users, less than 1% (23) were regular users with a majority starting between 8 - 23 years. Only 1.7% (37) indicated their use of cannabis which they started smoking around age 12. As

indicated earlier, use of drugs such as tranquilisers, volatile inhalants, sedatives and amphetamines were very uncommon among the youth studied.

Most of the substance users purchase the drug themselves when they have been addicted. With particular reference to alcohol and cigarette, most users pick the habit from their parents and other family members at an early age as they are sent to purchase the drug or to light it. Substance users in this study did not feel that drug use has in anyway affected their health. To them they are in perfect health. Generally, these findings corresponds to that of South Africa, Tanzania and Zambia studies (14,17) and lend credence to the fact that parental roles are very important in any prevention programme to keep the youth away from drugs.

Of recent, the Christian faith has been very instrumental in keeping the youth away from drugs (17). There is a proliferation of charismatic churches in all corners of the country. It is common to see a lot of the youth in these churches due to their dynamic and interesting style in conducting church activities. Christian morals are preached constantly. From the demographic profile of respondents it was evident that over 80% of them were Christians. This may explain the lower rates of use of substances as compared to the findings of other studies. This is not to say that Ghana must not be concerned about the few who are falling victims to the drugs day in and day out.

4.5 Access, Affordability and Route of Administration

Respondents of this study indicated that there was easy access to substances all around schools and within the communities. This were supported by statements such as:

- *Alcohol is sold openly everywhere around the schools*
- *Wee is easily grown and cultivated in many places and towns in the country and even in people's backyard gardens*
- *There are no rules governing the sale of alcohol*
- *Day students buy theses substances from town to their friends in the boarding house*
- *Some vendors even bring it to the students*

The average cost of some of the drugs usually abused was provided as follows in cedis (¢):

Heroin	¢ 500,000 per teaspoon
Marijuana	500 – 1000 per roll
Cocaine	5000 per head of match stick or pen cork
Valium	50 – 100 per tablet
Alcohol(spirit)	500 – 1200 per tot
Cigarette/Tobacco	250 – 800
Cigar	5000 per stick

Respondents had little or no knowledge about the cost of heroin, pethidine, morphine, codeine and glue. Most of the participants indicated that the youth are able to afford these drugs mainly through pocket money, stealing, friends, part time jobs and tips from family members and acquaintances.

Again the youth in the South African, Tanzanian and Zambian studies confirms these results (14). The perceived ease of access to substances among urban and rural youth in South Africa indicate that painkillers are the most accessible to 94% and 87% of urban and rural youth respectively. This is followed by sedatives, tranquilisers. Alcohol and tobacco were thought to be accessible by 70% and 90% of respondents. In the Tanzanian study, Zanzibar youths (41.1% to 49.5%) perceived mandrax, marijuana and tranquilisers as being easy to obtain. In Zambia, 89.9%, 86.9% and 86.2% of youth perceived alcohol generally, cigarettes and beer respectively to be easily accessible.

Route of administration of substances commonly used by the youth in this study ranged from smoking, sniffing, brewing, inhaling, eating, chewing, injection and swallowing. It was reported in the study that the present practice in schools is to put some of the drugs into food for new entrants. A typical food used is '*Shito'(a locally prepared dry fried stew commonly taken to school by students for snacks and to flavour their food. This item is commonly found in the convenience stores and supermarkets).*

Summarily, it can be inferred that substances commonly used by the youth in Ghana are easily accessible. Alcohol is socially permitted in Ghana and plays important roles in communal socialising, recreation, religious celebrations and nutrition (17). In this study, cigarettes are used by 8.7% of the youth. Presently cigarettes are commonly advertised and the youth are daily bombarded with images of attractive and so called successful youth smoking. Of recent, billboards of latest brands of cigarettes could be found everywhere. A new one called *Slim* encourages those who desire to slim down to smoke. It is generally culturally unacceptable for women in Ghana to smoke. Consequently, very few women are engaged in the practice. However with rapid urbanisation and exposure to the international media, one cannot tell the extent to which these young ladies will persevere to stay away from cigarettes. It is worth emphasising that many families frown upon smoking and drinking habits among the youth and some parents will prevent their daughters from marrying young men who smoke and indulge in excessive drinking if they are aware of that habit. Parents are known to get sad when they find out that their sons are smoking. This is because of the social belief that when one is initiated into smoking, there is a strong likelihood that he will also be introduced to other hard substances.

It is indeed worrying too that innocent students will be introduced to substance use through the ingestion of foods given to them by their peers and senior students they acquaint themselves with. There is the need for caution in school for new students as they enter school afresh.

4.6 Effects of Substance Use

Substance use may cause problems related health, behaviour, family, work, money and the law. Scientific evidence indicate that persons dependent on drugs fall sick more frequently than non users. Their nutrition is very poor so that are more prone to infection. Some of the health conditions include stomach disorders, irritation of the throat and lungs due to smoking, swelling of the nasal cavities due to sniffing and damage to blood vessels

as well as widespread infection due to injections. Drug use is often associated with emotional and psychological problems which in turn create tensions and arguments within families, at workplaces and among friends.

Cannabis users may suffer sudden feelings of anxiety and have paranoid thoughts. This often occurs with the use of more potent types (18). Other problems include memory and learning interruptions, distorted perception of sight, sounds, time and touch, trouble with thinking and problem solving, loss of coordination and increased heart rate and anxiety.

Though there have been reported evidence of psychosis resulting from alcohol use in some countries (19), Psychiatric institutions in Ghana have had no cause to admit alcohol addicts without psychiatric conditions (17).

Cocaine is a powerfully addictive drug of abuse. Once an individual tries it, it becomes difficult to restrain oneself from its reuse. Physical and emotional effects of cocaine include increased temperature, heart rate and blood pressure, restlessness, irritability, anxiety and sometimes sudden death (20).

Inhalants are breathable chemical vapours that produce psychoactive effects (21). They include gases, solvents and nitrites. The effects of inhalants include intoxicating effects that lasts for few minutes to several hours if taken repeatedly. Serious effects include hearing loss, limb spasms, brain damage bone marrow damage, liver and kidney damage and blood oxygen depletion.

Data from this present study indicates that users feel healthy and have not experienced any of the serious effects described above. However there was a general knowledge of the effects of drug abuse on the family, community and the individual. The effects described are commensurate with that described by scientific data. Additional effects suggested were increased crime and violence, loss of parental confidence in the user, break down in family and social relationships, increased medical bills and loss of labour force.
In effect, the youth are very much aware of the negative consequences of drug use. However the urge to be acceptable among peers and influence by significant others in their lives serve to propel them into drug use. There is therefore the need to develop assertive programmes that will enhance the youth ability to say no to drugs despite the pressure they face.

4.7 Protection of Youth Against Drug Abuse and Rehabilitation of Past Users

Regular and prolonged use of drugs ultimately lead to dependence. A person is said to be dependent on substances when it becomes very difficult or even impossible for him or her to stop taking the substance, after having taken it regularly for some time. Dependence may be physical or psychological or both. Substance abuse is now a global problem. It has touched every corner of the world with epidemics shifting from one region to the other. Now, new and harmful drugs and patterns of use have replaced the traditional

practices. Evidence from this study indicate that there is a general feeling of increase in drug use by the youth as reported by respondents. Alcohol, cannabis and cigarettes have been established to be commonly used with tranquilisers and sedatives towing the line. Substances such as heroine, cocaine, ecstasy and glue are hardly used though they are known. With increasing youth involvement in drug use, there is the need to prevent drug use and protect to protect the youth from getting involved.

Respondents from the survey, recommended that:

- Regular educational campaigns be organised in schools and at home to inform and empower youth to stay away from drugs. This was recommended by over 68% of respondents.
- Law enforcement agencies be made to visit and be present at youth entertainment programmes nationally, regionally or locally in order to ensure that drugs are not sold there to woo new entrants.
- Peer educators be trained and empowered to use counselling skills in encouraging their peers to say no to drugs.
- Parental education must be given to ensure that parents do not expose their children to substance use through getting them to ran errands. So must they avoid exposing their children to cigarette fumes.
- Law enforcement on the selling of drugs as well as the arrest and prosecution of abusers.

These suggestions are laudable and are commensurate with that of suggestions given in similar studies locally and internationally.

CHAPTER FIVE: RECOMMENDATIONS

Drug abuse has become a global phenomenon affecting almost every country though the extent and characteristics vary depending on the country in question (22). This study sought to determine the prevalence of substance use among second cycle and out of school youth in the country. Findings have indicated that selected substance use are prevalent among the youth and that there is the need for the design and establishment of relevant programmes that will ensure that the Ghanaian youth are protected from drugs.

The following recommendations based on findings are outlined to guide programmes and agencies interested in the prevention of substance use and abuse among the youth through the design of relevant interventions.

5.0. Youth Related Education

- There is high awareness among the youth of types of substances used and their general effects on the individual, family and community. However the youth find it difficult to stand up to peer pressure when it comes to acceptability. It is important that empowerment training are organised to help the youth resist peer pressure that lead to deviant behaviours.
- The average age at first use of substances ranges between 14-19 years, with extremes of 6 and 23 years. It will be beneficial that youth related programmes are targeted especially to these age groups of youth. Youth education and sensitisation could focus on ages 10-19 so that they are confident to deal with the stress associated with peer relationships. The age 18 being the age recognised internationally as that of an adult seem to propel the youth who get to that age to be defiant. They develop a sense of being old enough to do whatever they desire. This is therefore a crucial year to be addressed in all intervention programmes.
- Education must target the perceived benefits of drug abuse that are used to convince new entrants into use.
- Peer educators/counsellors must be available in each youth institution or group to act as support and positive pressure for those who desire to keep away from drugs.
- Out of school youth must not be left out at all in all intervention programmes. The belief that drug use gives extra energy to enable them to do more work need to be addressed.
- The youth must be made aware of all the terminologies associated with drug use so that they will be well informed to keep away from being negatively influenced due to ignorance.
- Religious affiliation to Christian charismatic/pentecostal churches have been reported to play a positive role in reserving the moral lives of youth to an extent. It may be useful to encourage the youth to be part of these Organisations.

5.1 Parental /Community Influence

- It is a socially accepted fact that children are sent daily to run errands for their parents including that of purchasing alcohol and cigarettes. There is the need through all avenues to educate parents to the effects of these habits on their children.
- Affordability of drugs is often through the use of one's pocket money, friends and through benevolence of acquaintances. It is will be useful for parents and guardians to be aware of these practices so they will be able to keep a vigilant eye on the spending patterns of their wards and to take appropriate steps promptly.
- Parents and guardians must effectively play their roles in advising their wards and teaching them the benefits of good habits and positive relationships. Parents need to be available to effect their positive influence on their children.
- Communities must be aware of all related issues to youth involvement into drugs. This will be helpful in designing community programmes that will address those issues and to re-channel youth energies positively.
- There is a need for the establishment of self help groups or rehabilitation centres within the community so that past drug users who have as yet not developed psychiatric conditions could be re-oriented into positive activities.
- Churches within communities could be involved in youth education against drugs as well as supporting rehabilitation centres and self help groups.

5.2 Governmental/Organisational Intervention/Initiative

- All Government agencies and youth related institutions of training must have programmes directed at addressing the problem of drugs as part of its curricular or extra curricular activities. Such programmes must address all facets of youth and drugs as well as teaching them empowerment approaches that serve to keep them away from drugs.
- New entrants of youth into schools must benefit from an induction programme at the start of the academic year to expose them to drugs and how one gets involved. This will serve to empower them to keep away from senior colleagues who might want to take advantage of them.
- Youth related institutions need to design programmes for the youth both at home and at school as a way of preserving and re-channeling their energies usefully.
- Commercial advertising of alcoholic beverages and cigarettes using the youth as targets need to be critically examined. It is obvious that government generates income from these drugs. However it is possible for them to restrict the mode of advertising through the enactment and enforcement of appropriate laws.
- Authorities of schools must be very vigilant on day students as they serve as conduits for drug use and sale.
- Regular educational campaigns must be organised in schools and at home to inform and empower youth to stay away from drugs. This was recommended by over 68% of respondents.

- Law enforcement agencies be made to visit and be present at youth entertainment programmes nationally, regionally or locally in order to ensure that drugs are not sold there to woo new entrants.
- Peer educators be trained and empowered to use counselling skills in encouraging their peers to say no to drugs.
- Law enforcement on the selling of drugs as well as the arrest and prosecution of abusers.
- There was speculation among the study sample that law enforcement agencies themselves are involved in drug use and trade. There is the need for the security agencies to determine the relevance of this assertion and to take appropriate action.
- Law enforcement agencies must not relent at all in its efforts to seek, arrest and prosecute all drug offenders appropriately.
- The Government must make clear its drug control master plan and its relevance to the youth and drugs so that organisations involved in youth work will be able to follow that plan.
- Health and Security Agencies of Government must be actively involved in public education on substance use.

Further Research

This study was carried out with a large audience that made data analysis complicated and time involving. It did not give specific attention to determining the comparative differences that may exist between in school and out of school youth and which of them are more prone to abusing drugs. It did not also include inter-regional comparisons.

Further research could be carried out to address these short comings with a smaller sample.

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Appendix One

CALCULATION OF OVERALL AND DISTRICT S SAMPLE SIZE

Sampling population

National		
Total Population of 15 - 24yrs	15 - 19yrs	922591
	20 - 24 yrs	837769
		1760,360

Expected Frequency (Prevalence 1%)from literature.

Using a Confidence Interval - 95%

Lowest worse acceptable error (%)	Upper worse acceptable error (%)	Sample Size
0.0	2.0	380
0.1	1.9	469
0.2	1.8	594
0.3	1.7	776
0.4	1.6	1056
0.5	1.5	1520
0.6	1.4	2374 approx. 2500
0.7	1.3	4215
0.8	1.2	9457

15-24 years

Population for Greater Accra Central - 337,545
Population for Upper East - 73, 586
Population for Brong Ahafo - 167,488
Total population for the 3 region - 578,619

- Population for Accra ---- $\frac{337545}{578619} \times 2500$

  = 1,458

In School Youth --- 792 being 2/3 x 1458)
Out of School --- 486 being (1/3 x 1458)

- Population for Brong Ahafo ---- $\frac{167488}{578619} \times 2500$

  =724

In School Youth --- 482 being (2/3 x 724)
Out of School --- 242 being (1/3x 724)

- Population for Upper East ---- $\frac{73586}{578619} \times x\ 2500 = 318$

In School Youth --- 212 being (2/3 x 318)
Out of School --- 106 being (1/3 x 318)

Number of People to be interviewed per Rural and urban districts

ACCRA

In School (792)	Rural ----264 ---	Dangme East (1/3 x792)
	Urban --- 528 ---	Accra(2/3 x792)
Out of School (486)	Rural ----162 ---	Dangme East(1/3 x486)
	Urban --- 324 ---	Accra (2/3 x 324)

BRONG AHAFO

In School (482)	Rural ----161 ---	Kintampo
	Urban --- 321 ---	Wenchi
Out of School (242)	Rural ---- 81 --	Kintampo
	Urban --- 161 ---	Wenchi

UPPER EAST

In School (212)	Rural ----71 ---	Bawku West
	Urban --- 141 ---	Kassena Nankana
Out of School (106)	Rural ----36 ---	Bawku West
	Urban --- 70 ---	Kassena Nankana

Appendix Two

INTERVIEW GUIDES

SURVEY ON PREVALENCE OF SUBSTANCE (DRUG) ABUSE AMONG SECOND CYCLE AND OUT OF SCHOOL YOUTH IN GHANA

Dear Respondent,
We are working with the Ministry of Health. We are carrying out a research on the extent of substance abuse among the youth in Ghana. This is because we want to work together with other organizations interested in youth development to empower them to say no to drugs. We will therefore like you to take a little time to answer these questions. We will like to assure you that the answers you give will be strictly confidential and will not be held against you.

Section 1 Identification

Study Number
District Code
School Code
Respondent ID
Date of Interview

PART A

Section 2 General Information (Tick or Circle or Write where appropriate)

1. What is your sex (1) Male (2) Female

2. How old are you? _____

3. Which of the following best describes your current marital status?
    a. Single
    b. Married
    c. Widowed
    d. Divorced or separated
    e. Living together but not married

4. What is your religion? (1) Christianity (2) Islam (3) Traditional (4) Others (state)_____

5. Where do you live?_____

6. Who do you live with at home? (1) Both parents (2) Single parent (state)
(3) Guardian (4) Alone (5) Other (specify)

7. What work do your parents/guardian do?
   a. Mother_____
   b. Father_____
   c. Guardian_____

1. Petty trader
2. Artisans (seamstress, hairdresser, mason, etc)
3. Driver
4. White colour worker (accountant, banker, etc)
5. Housewife
6. Farmer
7. Chief / queenmother
8. Religious leader
9. Other _____

8a. How many siblings (Brothers and Sisters) do you have?_____

8b. State their ages_____

9. State your position in the line of brothers and sisters (e.g. 1st born, 2nd born etc)._____

EDUCATIONAL BACKGROUND

10a. Are you in school? (1) Yes (2) No

10b If Yes, which type of school? (1) SSS (2) Vocational (3) Technical

For Out of School Respondent ONLY

11. How many years of formal education have you had? _____

12. If out of school, at what stage did you leave school? (1) Primary (2) JSS (3) SSS/Voc/Tech
(4) Other (specify) _____

13. What were the reasons for leaving? (*you may choose more than one)* (1) Loss interest (2) Poverty
(3) Irresponsible parents (4) Broken home (5) Peer group pressure (6) Child labour/early trading
(7) Teacher's attitude (8) Other_____

In School Youth

14. If you are presently in school, which year are you? (1) 1st year (2) 2nd year (3) 3rd year

15. For most part of the last 12 months have you been (1) Boarder (2) Day student

16. For the past 12 months have you worked on a paid job? (1) No - not worked (2) Yes - part-time (3) Yes - full-time

17. If working, what type of work do you do? (1) Fishing (2) Farm labourer (3) Trading (4) Salaried work (5) Apprenticeship (6) Artisan (7) Other_____

18. During the past 12 months, where have you mostly lived? (1) Rural area (or village) (2) Town (3) City

19. Have you received money from any sources during the last 30 days? (1) Yes (2) No

20. If Yes, which of the following sources. (*you may choose more than one)*

a. Salary and wages from a job (including self employment)
b. Charities
c. Parents / Guardians
d. Friends
e. Other (specify) _____

SECTION 3: TYPES OF SUBSTANCES AND THEIR USE

General

1. List the types of substances that you know are used by the youth (e.g. Cigarette, wee and beer)

Name of drug	Any local name(s)	How administered Or taken	Have you used it before? Yes/No	Age 1st used

2. Why do you think the youth use drugs? (*you may choose more than one)* (1) Social/peer pressure (2) Rebellion (3) Parental influence (4) Overwork/learning (5) Lack of role in society/school (6) For fun (7) Shyness and fear (8) Other ___

3. At what age do they get introduced to drugs?_____

4. Is it commonly done at school or at home? (1) School (2) Home (3) Both

5. Who introduce them to the drugs use? (1) Friends (2) Out of curiosity (3) Relative (4) Father (5) Mother (6) Sister and Brother (7) Drug pushers (8) Other_____

6. How are they convinced into drug use? (*you may choose more than one)* (1) Make one brilliant (2) Happier (3) Stronger/healthier (4) Work for long hours (5) Brave (6) Have confidence (7) Boost appetite (8) Belongingness (9) Other

7. How are they trained to use the drugs?_____

8. Who buys the drugs for them? (1) Friend (2) Relative (3) Father (4) Mother (5) Older brother/sister (6) Themselves (7) Drug Pushers (8) Other_____

9. What is the cost of each of the drugs listed below?

Drugs	Example	Cost
1. Cigarette	555/embassy	
2. Alcohol	Beer, Akpeteshie	
3. Tranquilizers Sedative and Hypnotic	Valium, (volume 5, 10, blue-blue) Madrax	
5. Amphetamine	Ecstasy, speed	
6. Cannabis	'wee' ganja, harshish	
7. Hallucinogens	LSD, Acid	
8. Cocaine	White powder, crack	
9. Opiates	Codeine, pethidine, morphine	
10. Heroin	Brown sugar	
11. Inhalants	Glue, aerosol sprays, gases	

10. What negative effects do you think the abuse of drugs has on the following:

- **Individual** (1) Tiredness (2) Bad temper (3) Anxiety/fear (4) Disturbed sleep (7) Depression (8) Failure to do well at school/work (9) Ill health (10) Other____
- **Family** (1) Break down in family relationship (2) Ill health (3) Disgrace (4) Loss of confidence in the child (5) Anxiety/fear (6) Other _____

- **Friends** (1) Break down in relationship (2) Anxiety/fear (3) Other_____
- **Community/society** (1) Crime (2) Violence (3) Accidents (4) Break down in work relationship (5) Ill health (6) High cost of treatment (7) Reduce productivity (8) Other _____

11. How do people relate to drug users and drug addicts? (1) Excellent (2) Very good (3) Good (4) Fair (5) Bad

12. Do you think drug use among the youth is increasing? (1) Yes (2) No

13. Give reasons for your answer._____

14. How do you think the youth can be protected from exposure to substance abuse? (*you may choose more than one)* (1) National campaign against the practice (2) Self-help groups for drug users (in schools and communities) (3) Parent should not expose children to drugs (4) Parents should give young the knowledge and confidence they need to make decisions (5) Peer group educators (6) Other _____

15. What programs would you like to see in place to help prevent substance abuse among the youth?_____

PART B

Have you ever used any of the following drugs?
(If you tick *Yes* to any of the drugs in the table below go to the corresponding pages and fill accordingly)

Drugs	Example	Yes	No	Pages
1. Cigarette	555/embassy			6-7
2. Alcohol	Beer, Akpeteshie			7-8
3. Tranquilizers Sedative and Hypnotic	Valium, (volume 5, 10, blue-blue) Madrax			9-10
5. Amphetamine	Ecstasy			11-12
6. Cannabis	'wee'			13-14
7. Hallucinogens	LSD, Acid			14-16
8. Cocaine	White powder, crack			16-17
9. Heroin	Brown sugar			18-19
10. Opiates	Codeine, pethidine, morphine			19-21
11. Volatile Inhalants	Glue, aerosol sprays, gases			21-22

SPECIFIC DRUGS/SUBSTANCE

Answer these questions below if you have ever used cigarettes/tobacco

A. CIGARETTES AND OTHER TOBACCO USE

1. How old were you when you first smoked cigarette or used tobacco? _____

2. What or Who influenced you to smoke cigarettes or use tobacco? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role society (5) Mental illness (6) Shyness and fear (7) friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

3. How many sticks of cigarette a day have you been smoking in the past 30 days (or past month)?
    a. 1 or less cigarette per day
    b. 2 - 5 cigarettes per day
    c. 6 - 15 cigarettes per day
    d. 16 - 25 cigarettes per day
    e. 26 - 35 cigarettes per day
    f. Over 35 cigarettes per day

4. How do you fund your cigarette/tobacco use habits? (1) Pocket money (2) Own income (3) Charities (4) Other (specify)_____

5. Did you start smoking or use tobacco in a group or as an individual? (1) Group (2) Individual

6. Do you presently smoke or use as (1) An Individual (2) Group (3) Both as individual and in a group

7. Have you smoked cigarettes or used tobacco daily for 6 months or more? (1) Yes or (2) No

8. Within the last 30 days how many times have you smoked or used tobacco?
    a. None
    b. Once
    c. Twice
    d. 3 - 5 times
    e. 6 - 9 times
    f. 10 or more times

9. For how many years/months have you been smoking cigarettes or using tobacco?_____

10a. Have you ever used chewing tobacco, snuff or other smokeless tobacco? (e.g. tawa, asra, bonto)
(1)Yes or (2) No

10b. If Yes, how often? (1) Once or twice only (2) Occasionally (3) Regularly in the past (4) Regularly now

11. How much does it cost you to smoke or use tobacco per day _____? Or Per week _____?

12. Where do you get what you smoke or use from?_____

13a. How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

13b. If someone, who? _____

13c. How old is the person? _____

14a. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

14b. If not so good or poor, why do you think so?_____

14c. What do you think is the cause?_____

SECTION 4: ALCOHOL USE

Answer these questions below if you have ever used alcohol

The following questions are about alcoholic drinks, that is beers, Guinness, wines, spirits and local (traditional) drinks such as akpeteshie, pito, and palmwine)

1. What are the names and local jargons given to alcoholic beverages that you know? List them

Name	Local jargon

2. List the alcoholic beverages that you take? _____

3. What or Who influenced you to start drinking? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role society (5) Mental illness (6) Shyness and fear (7) friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4. At what age did you start drinking?_____

5. Under what circumstances do you take alcohol? _____

6. When did you last have an alcoholic drink?
   a. Today
   b. Yesterday
   c. In the past week
   d. In the past 30 days
   e. More than 30 days ago, but less than 12 months ago
   f. More than 12 months ago

7. How many days within the past 30 days have you had an alcoholic drink? _____

8. Do you drink as (1) An Individual (2) Group (3) Both as an individual and in a group

9. How many bottles or tots have you had per day in the last 30 days?_____

10. Within the last 30 days, how many times have you had five or more bottles or tots in a row?
   a. None
   b. Once
   c. Twice
   d. 3 - 5 times
   e. 6 - 9 times
   f. 10 or more times

11.How much do you usually spend per day on drinking?_____

12. Where do you usually buy the alcohol?_____

13a How do you buy it? (1) Self (2) Someone (3) Both 1 & 2

13b If Someone who? _____

13c How old is the person? _____

14. How do you get money to buy the drinks? (1) Pocket money (2) Own income (3) Charities
(4) Other (specify)_____

15. Have you ever been involved in a drinking competition? (1) Yes (2) No

16. If Yes give reasons_____

17. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

18a. If not so good or poor, why do you think so?_____

18b. What do you think is the cause?_____

SECTION 5: OTHER DRUG USE

<u>Tranquilizers, Sedatives and Hypnotic</u>

Answer these questions below if you have ever used any of these drugs: Tranquilizers, Sedatives and Hypnotic.

The following questions are about drugs, which are sometimes prescribed by doctors to calm people down, or relax their muscles. Some examples are Librium, Valium and Madrax .

1. What are the names and local jargons given to these drugs that you know? List them

Name	Local jargon

2. How old were you when you first took the drug? _____

3. What /who influenced you to take this drug? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear (7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other_____

4. Have you taken these drugs in the past 12 months without a doctor's prescription? (1)Yes (2) No

5. If Yes how many days in the past 1 month have you taken these drugs without prescription?

a. None
b. 1 - 2 days
c. 3 - 5 days
d. 6 - 9 days
e. 10 - 19 days
f. 20 or more days

6. If you have ever taken these drugs, write the types used below:_____

7. In what ways have you taken these drugs in the past 30 days?

a. Swallowing
b. Injecting
c. Other ways_____

8. If ever injected, when was the most recent time you injected?

a. Today
b. Yesterday
c. In the past week
d. In the past 30 days
e. More than 30 days and less than 12 months ago
f. More than 12 months ago

9. Have you ever used a needle for injecting drugs when you knew or suspected that someone else had used the needle? (1) Yes (2) No

10. Has someone else ever injected drugs with a needle after you used the needle? (1)Yes (2) No

11. How do you use the drug? (1) As an Individual (2) In a group (3) Both as an individual and in a group

12. How many tablets/injection have you had per day in the last 30 days?_____

13. How much does it cost you? (1) Daily_____ (2) Weekly_____ (3) Monthly_____

14. Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities

(4) Other specify)_____

16. Where do you usually buy these drugs? (1) Pharmacy shops (2) Chemical shop (3) Friends

(4) Other (specify) _____

16a How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

16b. If someone, who? _____

16c. How old is the person? _____

17. Under what circumstances do you take the drug?_____

18. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

19a. If not so good or poor, why do you think so?_____

19b. What do you think is the cause?_____

Amphetamines and amphetamine type stimulants

Answer these questions below if you have ever used Amphetamines and amphetamine type stimulants

The following questions are about **amphetamines** or **stimulants** which can be prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called max, Egypt, speed and also include methamphetamine, MDMA (ecstasy).

1. What are the names and local jargons given to these drugs that you know? List them

Name	Local jargon

2. How old were you when you first took the drug? _____

3. What /who influenced you to take this drug? (1) Social pressure (2) Parental example

(3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear

(7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4. Have you taken these drugs in the past 12 months without a doctor's prescription? (1) Yes (2) No

5. If Yes how many days in the past 1 month have you taken these drugs without prescription?

a. None
b. 1 - 2 days
c. 3 - 5 days
d. 6 - 9 days
e. 10 - 19 days
f. 20 or more days

6. If you have ever taken any of these drugs, write the types used below:_____

7. In what ways have you taken these drugs in the past 30 days?

a. Eating/Swallowing
b. Injecting
c. Other ways_____

8. If ever injected, when was the most recent time you injected?

a. Today
b. Yesterday
c. In the past week
d. In the past 30 days
e. More than 30 days and less than 12 months ago
f. More than 12 months ago

9. Have you ever used a needle for injecting drugs when you knew or suspected that someone else had used the needle? (1) Yes (2) No

10. Has someone else ever injected drugs with a needle after you used the needle? (1) Yes (2) No

11. How do you use the drug? (1) As an Individual (2) In a group (3) Both as an individual and in a group

12. How many tablets/injection have you had per day in the last 30 days?_____

13. How much does it cost you? (1) Daily_____ (2) Weekly_____ (3)Monthly_____

14. Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities

(4) Other (specify)_____

15. Where do you usually buy these drugs? (1) Pharmacy shops (2) Chemical shop (3) Friends

(4) Other (specify) _____

16a. How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

16b. If someone, who? _____

16c. How old is the person? _____

17. Under what circumstances do you take the drug?_____

18. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

19a. If not so good or poor, why do you think so?_____

19b.What do you think is the cause?_____

Cannabis -(marijuana)

Answer these questions below if you have ever used cannabis- (marijuana)

Cannabis is a drug, which produces a temporary sense of well being. Other names are Indian hemp, 'wee',

1. What are the names and local jargons given to this drug? List them

Name	Local jargon

2. How old were you when you first used or tried cannabis? _____

3. What /who influenced you to take this drug? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role society (5) Mental illness (6) Shyness and fear (7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4a. Have you used cannabis in the past 12 months? (1) Yes (2) No

4b. If Yes how many days in the past 30 days have you used cannabis?

a. None
b. 1-2 days
c. 3-5 days
d. 6-9 days
e. 10-19 days
f. 20 or more days

5. In what ways have you used cannabis in the past 30 days?

a. Eating/Swallowing
b. Smoking
c. Other (specify)_____

6. How do you take the drug? (1) As an Individual (2) In a group (3) Both as an individual and in a group

7. How many rolls have you had per day in the last 30 days?_____

8. How much does it cost you? (1) Daily_____ (2) Weekly_____ (3) Monthly_____

9. Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities
(4) Other (specify)_____

10.Where do you usually buy this drug? _____

11a. How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

11b. If someone, who? _____

11c. How old is the person? _____

12. Under what circumstances do you take the drug?_____

13. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

14a .If not so good or poor, why do you think so?_____

14b. What do you think is the cause?_____

Hallucinogens

Answer these questions below if you have ever used Hallucinogens.

The following questions are about **hallucinogens** such as LSD and mescaline. These are drugs that usually make you feel 'high' and see/hear/taste things differently

1. What are the names and local jargons given to these drugs that you know? List them

Name	Local jargon

2. How old were you when you first took the drug? _____

3. What /who influenced you to take this drug? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear (7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4. Have you taken these drugs in the past 12 months without a doctor's prescription? (1) Yes (2) No

5. If Yes how many days in the past 1 month have you taken these drugs without prescription?

a. None
b. 1 - 2 days
c. 3 - 5 days
d. 6 - 9 days
e. 10 - 19 days
f. 20 or more days

6. If you have ever taken any of these drugs, write the types used.

7. In what ways have you taken these drugs in the past 30 days?

a. Eating/Swallowing
b. Injecting
c. Other ways_____

8. If ever injected, when was the most recent time you injected?

a. Today
b. Yesterday
c. In the past week
d. In the past 30 days
e. More than 30 days and less than 12 months ago
f. More than 12 months ago

9. Have you ever used a needle for injecting drugs when you knew or suspected that someone else had used the needle? (1) Yes (2) No

10. Has someone else ever-injected drugs with a needle after you used the needle? (1) Yes (2) No

11. How do you use the drug? (1) As an Individual (2) In a group (3)Both as an individual and in a group

12. How many tablets/injection have you had per day in the last 30 days?_____

13. How much does it cost you? (1) Daily____ (2) Weekly____ (3) Monthly_____

14. Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities
(4) Other (specify)_____

15. Where do you usually buy these drugs? (1) Pharmacy shops (2) Chemical shop (3) Friends
(4) Other (specify) _____

16a. How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

16b .If someone, who? _____

16c. How old is the person? _____

17. Under what circumstances do you take the drug?_____

18. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

19a. If not so good or poor, why do you think so?_____

19b. What do you think is the cause?_____

Cocaine

Answer these questions below if you have ever used cocaine.

The following questions are about **cocaine**, including all the different forms such as powder, "crack", free base and coca paste. Cocaine is sometimes called coke or snow.

1. What are the names and local jargons given to this drug that you know? List them

Name	Local jargon

2. How old were you when you first took the drug? _____

3. What /who influenced you to use this drug? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear (7) friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4. Have you taken these drugs in the past 12 months? (1) Yes (2) No

5. If Yes how many days in the past 1 month have you taken these drugs?
   a. None
   b. 1 - 2 days
   c. 3 - 5 days
   d. 6 - 9 days
   e. 10 - 19 days
   f. 20 or more days

6. If you have ever taken this drug, write the types used below:_____

7. In what ways have you taken this drug in the past 30 days?
   a. Eating/Swallowing
   b. Injecting
   c. Other ways_____

8. If ever injected, when was the most recent time you injected?
   a. Today
   b. Yesterday
   c. In the past week
   d. In the past 30 days
   e. More than 30 days and less than 12 months ago
   f. More than 12 months ago

9. Have you ever used a needle for injecting drugs when you knew or suspected that someone else had used the needle? (1) Yes (2) No

10. Has someone else ever-injected drugs with a needle after you used the needle? (1) Yes (2) No

11. How do you use the drug? (1) As an Individual (2) In a group (3) Both as an individual and in a group

12. How many tablets/injection have you had per day in the last 30 days?_____

13. How much does it cost you? (1) Daily_____ (2) Weekly_____ (3) Monthly_____

14. Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities

(4) Other specify)_____

15. Where do you usually buy these drugs? (1) Pharmacy shops (2) Chemical shop (3) Friends

(4) Other (specify) _____

16a. How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

16b.If someone, who? _____

16c.How old is the person? _____

17. Under what circumstances do you take the drug?_____

18. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

19a. If not so good or poor, why do you think so?_____

19b.What do you think is the cause?_____

Heroin

Answer these questions below if you have ever used Heroin.

The following questions are about **heroin**. Heroin is sometimes called brown sugar. This also makes the user feel 'high'

1. What are the names and local jargons given to these drugs that you know? List them

Name	Local jargon

2. How old were you when you first took the drug? _____

3. What /who influenced you to take this drug? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear (7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4. Have you taken this drug in the past 12 months? (1) Yes (2) No

5. If Yes how many days in the past 1 month have you taken this drug?
   a. None
   b. 1 - 2 days
   c. 3 - 5 days
   d. 6 - 9 days
   e. 10 - 19 days
   f. 20 or more days

6. If you have ever taken this drug, write the types used below:_____

7. In what ways have you taken this drug in the past 30 days?
   a. Eating/Swallowing
   b. Injecting
   c. Other ways_____

8. If ever injected, when was the most recent time you injected?
   a. Today
   b. Yesterday
   c. In the past week
   d. In the past 30 days
   e. More than 30 days and less than 12 months ago
   f. More than 12 months ago

9. Have you ever used a needle for injecting drugs when you knew or suspected that someone else had used the needle? (1) Yes (2) No

10. Has someone else ever-injected drugs with a needle after you used the needle? (1)Yes (2) No

11. How do you use the drug? (1) As an Individual (2) In a group (3) Both as an individual and in a group

12. How many tablets/injection have you had per day in the last 30 days?_____

13. How much does it cost you? (1) Daily_____ (2) Weekly_____ (3) Monthly_____

14.Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities (4) Other (specify)_____

15.Where do you usually buy the drug? (1) Pharmacy shops (2) Chemical shop (3) Friends

(4) Other (specify) _____

16a How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

16b. If someone, who? _____

16c. How old is the person? _____

17. Under what circumstances do you take the drug?_____

18. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

19a. If not so good or poor, why do you think so?_____

19b. What do you think is the cause?_____

Opiates

Answer these questions below if you have ever used Opiates.

These are medicines containing opium, which are sometimes prescribed by doctors to relieve severe pain. Opium is a drug derived from dried poppy juice and used as a narcotic. Examples of opiates are codeine, morphine and pethidine.

1. What are the names and local jargons given to these drugs that you know? List them

Name	Local jargon

2. How old were you when you first took the drug? _____

3. What /who influenced you to take these drugs? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear (7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other ____

4. Have you taken these drugs in the past 12 months without a doctor's prescription? (1) Yes (2) No

5. If Yes how many days in the past 1 month have you taken these drugs without prescription?

a. None
b. 1 - 2 days
c. 3 - 5 days
d. 6 - 9 days
e. 10 - 19 days
f. 20 or more days

6. If you have ever taken these drugs, write the types used below:_____

7. In what ways have you taken these drugs in the past 30 days?

a. Eating/Swallowing
b. Injecting
c. Other ways_____

8. If ever injected when was the most recent time you injected?

a. Today
b. Yesterday
c. In the past week
d. In the past 30 days
e. More than 30 days and less than 12 months ago
f. More than 12 months ago

9. Have you ever used a needle for injecting drugs when you knew or suspected that someone else had used the needle? (1)Yes (2) No

10. Has someone else ever injected drugs with a needle after you used the needle? (1) Yes (2) No

11. How do you use the drug? (1) As an Individual (2) In a group (3) Both as an individual and in a group

12. How many tablets/injection have you had per day in the last 30 days?_____

13. How much does it cost you? (1) Daily_____ (2) Weekly____ (3) Monthly_____

14. Where do you get money to buy the drug? (1) Pocket money (2) Own income (3) Charities

(4) Other (specify)_____

15. Where do you usually buy these drugs? (1) Pharmacy shops (2) Chemical shop (3) Friends

(4) Other (specify) _____

16a. How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

16b. If someone, who? _____

16c. How old is the person? _____

17. Under what circumstances do you take the drug?_____

18. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

19a. If not so good or poor, why do you think so?_____

19b.What do you think is the cause?_____

Volatile Inhalants

Answer these question below if you have ever used any Volatile Inhalants.
The following questions are about **volatile inhalants** such as fluids and gases, aerosol sprays, glue, etc that people sniff or breathe in to get high or feel different.

1. What are the names and local jargons given to these drugs that you know? List them

Name	Local jargon

2. How old were you when you first inhaled the substance? _____

3. What /who influenced you to inhale the substance? (1) Social pressure (2) Parental example (3) Over work (4) Lack of a role in society (5) Mental illness (6) Shyness and fear (7) Friends (8) Drug pushers (9) Nobody (10) Rebellion (11) Other _____

4. Have you inhaled any of these substances in the past 12 months? (1)Yes or (2) No

5. If Yes how many days in the past 1-month have you inhaled the substances?
   a. None
   b. 1 - 2 days
   c. 3 - 5 days
   d. 6 - 9 days
   e. 10 - 19 days

f. 20 or more days

13. How do you use the substances? (1) As an Individual (2) In a group (3) Both as an individual and in a group

7. How many times in a day do you inhale any of these substances?_____

8. How much does it cost you? (1) Daily_____ (2) Weekly_____ (3) Monthly_____

10. Where do you get money to buy the substance? (1) Pocket money (2) Own income (3) Charities

(4) Other (specify)_____

11.Where do you usually buy these substances? (1) Pharmacy shops (2) Chemical shop (3) Friends

(4) Other (specify) _____

12a How do you buy it? (1) Myself (2) Someone (3) Both 1 & 2

12b.If someone, who? _____

12c. How old is the person? _____

13. Under what circumstances do you take the substance?_____

14. What is your present state of health? (1) Good (2) Fairly good (3) Not so good (4) Poor

15a. If not so good or poor, why do you think so?_____

15b.What do you think is the cause?_____

FGD GUIDE ON PREVALENCE OF SUBSTANCE ABUSE AMONG SECOND CYCLE AND OUT OF SCHOOL YOUTH

Dear Respondent,

We are working with the Ministry of Health. We are carrying out a research on the extent of substance abuse among the youth in Ghana. This is because we want to work together with other organizations interested in youth development to empower them to say no to drugs. We will therefore like you to take a little time to answer these questions. We will plead your indulgence to record this discussion and assure you that the answers you give will be strictly confidential and will not be held against you.

(A) **BACKGROUND**

- Region/District
- Name of school/community
- Age/ Sex/Name of Respondent
- Occupation
- Religion
- Educational level
- Who cares for you?

(B) **TYPE AND PREVALENCE OF DRUGS USED**

1. What do you understand by Substance Abuse?
2. Which substances are commonly abused in this community/school
3. What percentage of the youth in your community/school use drugs?
4. Do you think drug use is increasing /decreasing in your community/school
5. Where/how are these drugs obtained?
6. How are these drugs used/administered

(C) **COST AND AFFORDABILITY**

1. Are these drugs easy to come by? Explain
2. What are the costs of these drugs?

- Heroine
- Wee
- Cocaine
- Valium
- Alcohol
- Cigarette/Tobacco

3. How are the youth able to afford these drugs?

(D) **TERMINOLOGIES**

1. How does the youth normally call these substances in your community/school
2. How do you refer to people who use these drugs/substances?
3. How do you refer to the vendors and sales outlets?

(E). THE EFFECTS OF SUBSTANCE USE

1. Are there any benefits in using these substance(s)? What are they? Expand
   a). On individuals
   b). Family/friends

c). Community

2. What are the harmful effects of these substance(s)?
   a). On individuals
   b). Family/friends
   c). Community

3. Are there any laws regarding the use of these drugs/substances?

F). PROTECTION FROM SUBSTANCE ABUSE

1. Why do you think some youth do not use drugs?
2. Why do you think some youth abuse drugs?
3. For those who abuse, at what age do they get introduced?
4. How does the community/students relate to people who use these drugs/substances?
5. What can be done to prevent the youth from substance use?
6. What do you think can be done for the youth already in substance abuse to quit?

A GUIDE TO KEY INFORMANTS INTERVIEWS

- ***Spiritual/Traditional healers***
- Past drug Abusers
- Teachers/Counsellors
- Narcotic Control Personnel/Police
- Rehabilitation Centre in Charges
- Health Staff

INTRODUCTION

Dear Respondent,

We are working with the Ministry of Health. We are carrying out a research on the extent of substance abuse among the youth in Ghana. This is because we want to work together with other organizations interested in youth development to empower them to say no to drugs. We will therefore like you to take a little time to answer these questions. We will plead your indulgence to record this discussion and assure you that the answers you give will be strictly confidential and will not be held against you.

(A) BACKGROUND

- Region/District
- Name of Organisation/Institution
- Age/Sex/Name
- Occupation/Duration of service
- Position/Title
- Religion
- Educational level

(B) TYPES AND PREVALENCE OF DRUGS USED

1. What is your understanding of substance abuse?
2. Which substance are commonly abused in your school/community
3. Have you ever been in contact with youth using any of these substances?

3a. If yes, who are they (Students, apprentices, out of school youth etc)
4 What is the percentage of youth that use drugs in your school or community?
5 Do you think drug use is increasing or decreasing in your community/school, why?
6 Where and how are these drugs obtained?

(C) COST AND AFFORDABILITY

1. How available are these drugs in your community or school?
2. What are the cost of these drugs
   - Cigarette/Tobacco
   - Alcohol
   - Librium
   - Valium
   - Mandrax
   - Marijuana
   - Heroin
   - Cocaine
   - Opium
   - Glue

3. How are the youth able to afford these drugs?

(D). TERMINOLOGIES

1. How does the youth normally call these substances in your community/school
2. How do you refer to people who use these drugs/substances?
3. How do you refer to the vendors and sales outlets?

(E). THE EFFECTS OF SUBSTANCE ABUSE

1. What are the effects/benefits of these substances on the
   (a) Individual
   (b) Family/Friends
   (c) Community

(F) PROTECTION FROM SUBSTANCE ABUSE

1. Why do you think some youth do not use drugs?
2. What are the causes of substance abuse amongst the youth?
3. How do you think the youth get introduced to drugs?
4. How does the community/students related to people who use these drugs/substances
5. What can be done to prevent the youth from substance abuse?
6. What do you think can be done for the youth already in substance abuse to quit?

OBSERVATION CHECKLIST FOR SALES OUTLETS

INTRODUCTION

We are working with the MOH. We are carrying out a research on the extent of substance abuse amongst the youth in Ghana. This is because we want to work together with other organisations interested in youth development to empower them to say no to drugs. We will appreciate it if you could help us get into contact or identify sales outlets in your community/school.

Possible Contacts

- Through health workers
- Through key informants
- Other relevant sources

BACKGROUND

- Region/District
- Name of Community
- Type of Community

(B) WHAT TO OBSERVE

(i) Characteristics of buyers/vendors

- Age
- Sex
- Behaviour/peculiarities

(ii) Mode of Operation

- Location/venue of sale outlet
- Peak periods
- Type of packaging/type of substance
- Security measures
- Strategy of selling

(iii) Patronage

- The cost
- Quantities bought
- Number who patronise within a specified period of time.

A GUIDE TO CASE STUDY FOR PAST DRUG ABUSERS

INTRODUCTION

Dear Respondent,

We are working with the Ministry of Health. We are carrying out a research on the extent of substance abuse among the youth in Ghana. This is because we want to work together with other organizations interested in youth development to empower them to say no to drugs. We will

therefore like you to take a little time to answer these questions. We will plead your indulgence to record this discussion and assure you that the answers you give will be strictly confidential and will not be held against you.

(A) BACKGROUND

- Region/District
- Residence
- Age/Sex
- Religion
- Occupation

(B) TYPE AND PREVALENCE OF DRUG ABUSE

1. What do you understand by substance abuse?
2. Mention the types of substances that are commonly abused
3. Which of these substance(s) were you on?
4. How old were you when you started using that substance(s)
5. For how long were you on that substances(s)
6. How did you get hooked unto the drug?
7. How often were you using the substance(s)

(C). COST AND AVAILABILITY

1. Where did you usually get these substances
2. How much does it cost you to be on the substance(s) in a
   (a) Day
   (b) Week
   (c) Month

3. Is drug use increasing/decreasing in your community/school?

(D). TERMINOLOGIES

1. Do you have some local jargons for the substances used?
2. How do you refer to the vending points?
3. Do people give you nicknames related to the substances used?

(E) EFFECT OF SUBSTANCE USE

1. What benefits did you derive from the substance use?
2. What were the harmful effects of these drugs?
3. Have you ever been involved in any serious accident whilst on any substance?

(F) PROTECTION FROM SUBSTANCE USE

1. What influenced you to quit the substance use?
2. Has there been any occasion where you stopped and went back to drug use? Why?
3. What do you think can be done to prevent the youth from drug use?
4. Supposing you are put in charge of a program to prevent the youth from getting into drugs, what will you do and how will you do it.
5. What advise will you give to drug users
6. To what extent is your presence in a rehab centre helping you (if you are in rehab)?

7. Why and how did you come to this centre?